

# County PL & APL Camp



30<sup>th</sup> September – 2<sup>nd</sup> October 2022

Primrose Hill Campsite

Full Name:		Date of Birth:	
Home Address:		Membership Number:	
Date of last Tetanus injection:	Scout Group:	National Health Service Number	
<b>Next of Kin Address <u>During the Camp</u>:</b> ..... ..... Post Code: ..... Telephone: ..... Mobile: .....		<b>Family Doctors Name and Address:</b> ..... ..... ..... Telephone: .....	

- I will ensure that my mandatory training is up to date for this event, and I hold a valid DBS check.
- I will ensure I follow our codes of practices and always uphold the Scout Values.
- I understand that the Leader in charge reserves the right to send any adult home.
- I will inform the Leader in charge if any of the information given on this form changes before the event takes place.

Signature:	Date:
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In the space below please give details of the following:-

1. Any known Infectious Diseases with which you have been in contact within the last three weeks.
2. Any known Allergies/Sensitivities/Disabilities and details of any known precautions/remedies (eg Penicillin, Food Colourings, Bed-wetting, Asthma)
3. Details of any Medicines/Diets/Treatments currently being taken/followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines etc).

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Continue overleaf if required

## Photographs and Video

The photographs, video or audio that are taken will be used in connection with Scouting publicity. We will not publish any address in captions associated with the photographs, video or audio.

Please sign below to confirm that you have no objections to the photographs, video or audio taken at the activity above to be used for Scouting purposes only.

Signature:	
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