

County PL and APL Camp



Full Name:		Date of Birth:
Date of last Tetanus injection:	Scout Group:	Scout Membership Number
Next of Kin Address During the Camp: Post Code: Telephone: Mobile:		Family Doctors Name and Address: 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.

Leaders on the Event may use the following medications to treat minor injuries. Please tick yes or no to show your consent for each one.

Paracetamol	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Suncream and After Sun Lotion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ibuprofen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Plasters	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bite/sting relief – Anthisan Cream	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Antihistamine (Piriton)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Insect Repellent	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Antiseptic Wipes and Baby Wipes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any other medication as directed by a health professional – E.g. NHS 111, Pharmacist, etc.				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Signature: _____

Date: _____

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

1. Any known Infectious Diseases with which your Child has 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 of Parent/Guardian: _____