

# County PL and APL Camp



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

- I hereby give permission for my child to attend the County Scouts PL and APL Camp taking place at Primrose Hill, between 30<sup>th</sup> June and 2<sup>nd</sup> July 2023.
- I understand that the Leader in charge reserves the right to send any participants home if necessary.
- I will inform a Leader 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"/>

If it becomes necessary for my child to receive medical treatment **and I cannot be contacted by telephone or any other means to authorise this**, I hereby give my general consent to any necessary medical treatment and authorise the Leader or Assistant Leader in Charge of my group (or if necessary, one of the event management team), to sign any document required by the hospital authorities.

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus, medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the medical treatment statement below. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

Name of Parent/Guardian:	Relationship to Young Person:
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/being followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines etc).

If they have to take any Medicines, these should be clearly labelled with name and exact dosages and should be discussed with the Leaders upon arrival.

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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 of any young people 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:	
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