WINTER ON THE HILLS



| Parent/Guardians Address During the Event: Parent/Guardians Address During the Event: Family Doctors Name and Address: Post Code: | PERMISSION FORM | M -YOUNG P | ERSON | | |
|--|---|---|-----------------------------------|---|--|
| Parent/Guardians Address During the Event: Family Doctors Name and Address: Family Doctors Name and Address: | Full Name: | | | Date of Birth: | |
| Post Code: Post Code: Telephone: Tele | Date of last Tetanus injection: | Explorer Unit: | | National Health Service Number | |
| Telephone: | Parent/Guardians Address During the Event : | | Family Doctors Name and Address: | | |
| Telephone: | | | | | |
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| I hereby give permission for my son/daughter to attend the Winter on the Hills, Commondale, 23rd-25th November 2018 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. 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 in Charge (or in their absence one of the assistant leaders named above), 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/inurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recomment that Leaders insist on parents signing the medical treatment statement above. 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: Signature: Date: In the space below please give details of the following: Any known Intergies/Sensates with which your Child has been in contact within the last three weeks. Any known Altergies/Sensates with which your Child has been in contact within the last three weeks. Any known Altergies/Sensates with which your permits of any known precautions/remedies (eg Penicillin, Food Colourings, Bed-wetting, Asthma) Data: Other provides of the following: The photographs and Video The photographs wideo 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 taken at the activity a | Post Code: | | | | |
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