

Humberside County Platinum Party



2nd – 5th June 2022

Raywell Park Activity Centre

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

- 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.

Signature:	Date:
------------	-------

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).

.....

.....

.....

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:	
------------	--