

This part is to be kept by the parent/guardian. Please complete lower section legibly in CAPITALS

Return to Camp Leader: Daniel Lecuyer	Leaving From: Sainsburys Rustington	On Date: 18/08/10 @ 05.15 AM
Address: 17 Knightscroft Ave, Rustington	Returning to: Scout Hall	On date: 30/08/10 @ 21.30
Telephone no: 07941 227794	The Home Contact if Necessary is Name: Sue Butler	
Group & Section: 1st Rustington Explorer Scouts	Telephone no: 01903 774044 / 07887 786640	
Event Name: International Expedition Italy - Aosta	Address: 8 Shopfield Close, Rustington	
Will take place at: Aosta, Italy		

All activities will be run in accordance with The Scout Association's safety rules. No responsibility for the personal equipment/clothing and effects can be accepted by the camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

I give permission for:		<i>Is your son/daughter receiving any medical treatment at present?</i>	
First Name:	Surname:	YES/NO	
Date of Birth:	Age:	If Yes Please give details including medicines, pills and dosages:	
To attend camp at:			
In an Emergency during the Camp/holiday. Please contact			
Name:		<i>Is your son/daughter ALLERGIC TO ANYTHING?</i>	
Relationship:		YES/NO	
Address:		If YES Please give details:	
Telephone:		<i>Has your son/daughter had ANY contact with infectious illnesses in the last MONTH?</i>	
Mobile:		YES/NO	
Other:		If YES Please give details:	
Doctor's Name:		Date of last Tetanus:	
Address:			
Telephone no:			
Can your son/daughter swim 50 metres and tread water?		YES/NO	
HEALTH INFORMATION			
<i>Does your son/daughter suffer from</i>			
Chest Complaints	Asthma	Hay Fever	Migraine
			Epilepsy
Diabetes	Nervous Disorders	Any other medical condition or disability?	
YES/NO			
If Yes Please give details:			
I understand that the Camp Leader reserves the right to send any participants home if necessary. 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 Warranted leader/Scouter to sign any document required by the hospital authorities.			
I authorise any TRAINED PERSON to administer EPIPEN medication to my son/daughter			
YES/NO			
SIGNED			
Parent/Guardian			
DATE			
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 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.			