$7^{\underline{\text{th}}}$ Braid Edinburgh (George Heriot's School) Scout Group

CONFIDENTIAL

PERMISSION TO CAMP AND MEDICAL FORM

This form is to be filled in by the Parent or Guardian of the named child. It gives your consent for your child to attend and provides authority for the Camp Leader to sign on your behalf any papers needed by the medical authorities in the case of emergency treatment¹.

My child,, weekend,				over the camp leader.
Her/his National Health Number is			Date of Birth	
Has she/he received a tetanus injection in	the last five years?		Date:	
Does she/he have any medical conditions' (Asthmatic, epileptic, diabetic, enuresis, et		cify):		
Medication currently being taken (name and frequency): (Please present all medications to the camp leader).				
Is she/he allergic to anything? (If yes, please detail): (Aspirin, antibiotics, foods, food additives, drugs, plasters, etc.).				
Does she/he have any special dietary requirements? (If yes, please detail): (Vegetarian, vegan, nut allergy, etc.).				
Can she/he swim 50 metres and tread water? Can she/he bathe under careful supervision?				
Name and address of the family doctor:				
	Postcode	Telepho	one	
During the camp my address will be				
Postcode	Telephone	Mobi	ile	
I will inform the camp leader if my child has been in contact with any infectious diseases within three weeks prior to the camp. 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 Camp Leader to sign any document required by the hospital authorities ¹ .				
Signature		Parent/Guardia	an Date	
I have enclosed payment of £			ıburgh Cub Pack plea	ise).

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¹ NOTE: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Child Act 1989. 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 the medical authorities.