



GRAVESHAM DISTRICT SCOUTS

Registered Charity No 303399

Permission to Camp Form.

Winter Camp Friday 31st January - Sunday 2nd February 2014.



Name of young person: Troop:

Address:.....

Phone No:..... Date of Birth:

I give my permission for my son/daughter to attend: The District Winter Camp at Hopehill.
From: Friday 31st January to Sunday 2nd of February 2014
I can be contacted during the event at:

.....Phone Number:

Please note if he/she has any disabilities, allergies or sensitivities etc:

.....

Please note if he/she requires a special diet or has special needs:

.....

Details of any Medication:

Date of last Tetanus injection (if Known):.....Blood Group (if Known).....

Name & address of G.P.:

G.P. Tel No:.....National Health Service No (if known):

Should it become necessary for my son/daughter to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent for any necessary medical treatment to be given and authorise the Leader in charge to sign any document required by the medical authorities.

Signed Parent/Guardian: Date:

Name (Printed):

Please add any extra or relevant details on back of this form - please tick here if you have ()

THE SECTION BELOW MUST BE COMPLETED BY YOUR TROOP/UNIT LEADER (Required for ALL Scouts/Explorers)

I confirm that the Scout/Explorer named on this form is adequately skilled & equipped to operate safely for the duration of the Winter Camp and that they are current members of the Scout Troop/Unit.

Name:(Print).....Name:(Sign).....

Date: Appointment:SL/ASL/GSL/ESL.....