

1st Gossoms End Scouts Activity Permission Form



My child _____ has my permission to take part in the

Taking place at

From

In case of emergency, during the above dates I can be contacted by telephone on
_____ (day), _____ (evening)

National Health Number _____

Date of last Tetanus immunisation _____

He/She may swim under careful supervision _____

Any Allergies? (Aspirin, antibiotics any particular food or drugs) _____

Details of any dietary requirements or medical treatment being received by my child at present:

If Vegetarian can they eat meat by-products such as gelatine? Yes/No _____

Name and Address of family doctor _____

I will inform you if my child has been in contact with any infectious disease within 3 weeks prior to the event.

I give permission for the adult leaders on this activity to authorise emergency medical treatment should this be required.

Signed _____ Date _____
Parent/guardian

Please return this part of the form, completed and signed no later than