

ACTIVITY

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ATTENDING PERSON DETAILS

NAME	Date of Birth	/ /
1st Line of Address, inc Postcode	Mobile Number	

GP Surgery and Postcode	
Full details, dosages and routines etc. of any medication person attending will need to take (continue on separate sheet if required) :	
Full details of any disabilities, conditions, allergies, dietary requirements , special needs or cultural needs that the person attending has, and that needs to be brought to the Leader's attention:	
Full details of any infectious diseases the person attending has come into contact with in the past 12 weeks:	

EMERGENCY CONTACTS

Name	Relationship to member	
Home Address		
Mobile Number	Alternative Number	

Name	Relationship to member	
Home Address		
Mobile Number	Alternative Number	

OTHER

1) Can the above named person swim at least 50 metres and stay afloat for five minutes in light clothing?

YES NO

2) Does the above named person have permission for photos of them to be uploaded to our website and/or social media, during and after the trip itself?

YES NO

If it becomes necessary for the named to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and I authorise the Leader in Charge of the camp to hereby sign any documents by the hospital authorities.

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. However, it can be a great comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.

SIGNATURE	PRINT NAME	DATE