

1st Cheam Scout Group



Headquarters: 21, Malden Road, Cheam, Surrey SM3 8QD.

Registered Charity Number 303838

SCOUTS / EXPLORER SCOUTS ACTIVITY PERMISSION

I give permission for my son (name)
to take part in the Wales Walking Trip on the 20th – 24th February 2013.

- He **has** / **has not** been in contact with any infectious diseases within the last three weeks (if so please give details)
- Date of last tetanus immunization
- Medication currently being taken (please ensure that you son has an adequate supply with details of dosage and symptoms of condition - please provide details)
- Does he have any dietary or other allergies? **YES / NO** (if yes please provide details)
- Does he have any other special needs? **YES / NO** (if yes please provide details)
- He can / cannot swim 50 yards in light clothing.

Doctors Name & Address

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Tel No: National Health No

Emergency Home Contact

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Tel No.....

I understand that the activity leader reserves the right to exclude any participant from this activity due to inadequate equipment or inappropriate behavior. **I will ensure that my son is aware of the behaviour that is expected of him.**

If it is necessary for my son to receive emergency medical treatment and I cannot be contacted by telephone or by any other reasonable means within the required time to authorize this, I give my consent to any necessary medical treatment recommended and authorize the leader in charge of the activity to sign any document required by the hospital/medical authorities.

Signature of parent / guardian