



MIDSUMMER MADNESS PARENTAL CONSENT FORM



Surname _____ Forename _____

Date of birth _____ Section: Beaver / Cub (delete as applicable)

Group _____ District _____

Home Address _____

Tel _____

Does your child have to take any medication? YES NO
(If yes, please give name of medicine / pill and exact dosage overleaf)

Does your child have any allergies e.g. Penicillin, elastoplasts etc? YES NO

Does your child have any particular dietary requirements? YES NO

Does your child suffer from: Asthma YES NO Travel Sickness YES NO

Epilepsy YES NO Diabetes YES NO

Any other health problems or disabilities (If yes to any of the above please give details overleaf)

Do you agree to give our first aid officer permission to administer, as required?

Paracetamol Tablets YES NO Calpol YES NO

Antacid tablets YES NO Antihistamine YES NO

Has your child had an anti tetanus injection in the past three years? YES NO

Does your child have permission to take part in archery? YES NO

Name and address of family doctor _____

Tel _____

Parent contact address _____

(If away from home during event)

Tel _____

I give permission for the above Beaver Scout to attend the **BEAVER SCOUT & CUB SCOUT MIDSUMMER MADNESS** at Bradley Wood Scout Campsite on Saturday 19th / Sunday 20th June 2010 (please delete as applicable).

I will inform you if he/she has been in contact with any infectious disease within three weeks of the event. In the event of illness or accident requiring hospital treatment, I hereby give my general consent to any necessary medical treatment and authorise the first aid officer to sign any document required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the surgeon concerned. I will indicate on this form if I am not prepared for the above participant to appear in photographs/video taken during the event for publicity use.

Signed by parent/guardian _____

Date _____

Please print your name _____