

First Name: Surname:

Medical

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my consent to any immediate and necessary medical treatment by a competent person where it would be contrary to my son/daughter's interest, in a Health Care Professional's medical opinion, for any delay to be incurred by seeking my personal consent.

If it becomes necessary I hereby give consent for a leader to give the above named young person, the following medications:

- Paracetamol
- Ibuprofen
- Antihistamine (anti-allergy)

Shooting

Air Rifle shooting **Yes No** (please circle)

I, being the parent/guardian of the young person named above, declare that he/she is not subject to restriction by virtue of section 21 of the Firearms Act 1968 (which applies only to persons who have been sentenced to a term of imprisonment or youth custody) and give permission for him/her to take part in the activity identified above.

Swimming

Is he/she able to swim 50 metres and stay afloat in light clothing? **Yes No** (please circle)

Photography

The photography and video team will be busy snapping away and capturing the fun and adventure for all those attending Red Rose 2018 and those at home. The photos will be shared on social media, uploaded to the website and used in connection with Scouting/Guiding publicity. Filming, photography, live broadcasting and social media interaction will take place.

I, being the parent/guardian of the person named above, give permission for the use of their image and voice during and after the event and am aware that this may also be used in promotional material.

I, being the parent/guardian of the person named above, do not give permission for their image or voice being recorded during the event.

Signature..... Name..... Date.....