

Activity Information and Parental Permission Form - Shooting



Written parental permission is needed before a young person can take part in this activity

Upper section to be completed by Leader.

Lower section to be filled in by parent or guardian and returned to Leader.

Name of Unit or Section:

Activity Information: (please tick the appropriate box)

- | | | |
|--------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Air rifle shooting | <input type="checkbox"/> Clay pigeon shooting | <input type="checkbox"/> Rifle shooting |
| <input type="checkbox"/> Air pistol shooting | <input type="checkbox"/> Shotguns on a range | <input type="checkbox"/> Laser clay shooting |
| <input type="checkbox"/> Other (please specify): _____ | | |

Date or period 21/02/2020 to 23/02/2020

Administrative Information:

Start Time 10pm Finish Time 5pm

Place: Hesley Wood SAC

Additional information

Run as part of any activity day on Saturday and competition on the Sunday

All participants under 18 are required to wear their wrist bands which will be provided

Emergency contact telephone No. 01142467912

Leader: Andy Moore Contact details: andy.moore@hesleywood.org.uk

If any additional information is required please do not hesitate to contact the Leader of the activity.

Parent or Guardian's consent

I, being the parent/guardian of the person named below, 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 served a term of imprisonment or youth custody) and give permission for:

_____ (name of young person) to take part in
Air Rifle Shooting (proposed activity)

Please state if he/she has a disability or medical condition relevant to this activity:

Please indicate details of any medical treatment they are receiving at the moment:

Contact details in the event of an emergency: _____

Tel: _____

Name _____ Signature _____ Date _____

Hesley Wood Scout Activity Centre

All Sections Activity/Camp Medical Form

This section to be completed by the Camp/Holiday/Activity Leader

Camp/Holiday/Activity Location:	Dates:
Camp/Holiday Leader	Assistant Camp/ Leaders

This section is to be completed by or for the person named below. Please answer the following questions as fully as possible. (Please complete in BLOCK CAPITALS)

Surname		Date of Birth		
Forenames		Date of last Tetanus injection		
National Health Service Number				
Next of kin's details during the sleepover Post Code: Telephone: Mobile:		Family Doctors Name and Address Telephone:		
Please read each question and tick YES or NO as appropriate			Y	N
I agree to the person named above Swimming				
Can the named person swim				
Has the person named above been in contact with any contagious or infectious disease within the last 3 weeks? If YES give details:				
Has the person named above suffered from any recent illness? If YES give details:				
Does the person named above have any known Allergies / Sensitivities / Disabilities / Medical Conditions. e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Period Pains, Asthma etc Give details AND any known precautions or remedies:				
Does the person named above suffer from diabetes, migraine, epilepsy or any other illness or disability? If YES give details:				
Is the person named above receiving any medical treatment at present? If YES give details:				
Does the person named above any special dietary needs? If YES give details:				
Please indicate which of the following common medicines could be administered if required at camp. (dosage appropriate to age)			Paracetamol	
			Ibuprofen	
			"Savlon" or similar Antiseptic Cream	
			Antihistamine Cream	
			Sun tan lotion/After Sun	
			Plasters	
Is the person named above currently taking any medication? If YES give details:				
Is there any other information of which we should be aware? If YES give details:				
Continue overleaf for any of the above...				

Emergency Permission

I authorise the named Scout Leader in charge or a member of the First Aid team to give permission for the named person, to receive medication, any emergency dental, medical or surgical treatment including anaesthetic, as considered necessary by the medical authorities present.

Signature	Date
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Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on signing the statement above. However, it can be a comfort to medical staff to have a general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

By signing the attached "Health / Permission to Camp" form it is understood that:
The "Health / Permission to Camp" form includes any food allergies, special dietary requirements, vegetarian or religious needs.
The person signing the form can be contacted at all times.