

$\frac{Permission\ to\ Camp\ /\ Activity\ Form}{This\ form\ must\ be\ completed\ and\ returned\ for\ your\ child\ to\ take\ part\ in\ the\ Camp\ /\ Activity}$

Date of Birth: Relationship: Address of contact if not at home: Address of contact if not at home: Address of contact if not at home: Postcode: Telephone No: Superior No: Superi	Child's Name:	Guardians Name:
Address of contact if not at home: Postcode: Postcode: Postcode: Telephone No: Telephone No: Telephone No: Telephone No: Telephone No: Telephone No: Postcode: Telephone No: Telephone No: Postcode: Pos		
Postcode: Telephone No: Teleph	Home Address:	Address of contact if not at home:
Telephone No:		
Telephone No:	Postcode:	Postcode:
Does your child suffer or has suffered from: Asthma: Y/N Hayfever: Y/N Allergies: Y/N Epilepsy: Y/N If yes please give details:	Telephone No:	Telephone No:
If yes please give details: When did your child allergic to plasters: Y/N If yes please give details: When did your child last have a tetanus injection: Date If your child has a headache what medicine / tablets can they have: If your child has a headache what medicine / tablets can they have: If your child on any regular medicines / tablets / inhalers: Y/N Or medication for emergency use Y/N If yes please give details: Is your child on any regular medicines / tablets / inhalers: Y/N Or medication for emergency use Y/N If yes please give details: Please give details: Please give details: If your child on any regular medicines / tablets / inhalers: Y/N Or medication for emergency use Y/N If yes please give details: Please give details: Please give details: If your child on any regular medicines / tablets / inhalers: Y/N Or medication for emergency use Y/N If yes please give details: If your child on any regular medicines / tablets / inhalers: Y/N Or medication for emergency use Y/N If yes please give details: If your child on any regular medicines / tablets / inhalers: Y/N Or medication for emergency use Y/N If yes please give details: If your child so please ensure that there is encough for the duration of the camp and it is clearly marked with what it is, the dosage required, your child's name. Please sign the declaration below (your child's Name) Living at (youre Address) Dunderstand that if it becomes necessary for my child to receive any emergency medical treatment deemed necessary including a local or general anaesthetic, or blood transfusion and I cannot be contacted by telephone or any other means to authorise emergency treatment. I hereby give my general consent for Or	Mobile No:	
details: When did your child last have a tetanus injection: Date If your child has a headache what medicine / tablets can they have: If your child on any regular medicines / tablets / inhalers: Y/N	If yes please give details:	<u> </u>
If your child has a headache what medicine / tablets can they have:	details:	
Has your child ever reacted to any drugs (such as penicillin, general anaesthetic): Y/N? If yes please give details: Section Sectio	When did your child last have a tetanus injection: Date	
Is your child on any regular medicines / tablets / inhalers: Y/N Or medication for emergency use Y/N If yes please give details:	If your child has a headache what medicine / tablets can th	ney have:(Please provide)
please give details: Please hand over any medications etc to a leader on leaving for camp - this is a safety precaution. Also please ensure that there is senough for the duration of the camp and it is clearly marked with what it is, the dosage required, your child's name. Please sign the declaration below [Your Name)		
Please sign the declaration below	please give details: over any medications etc to a leader on leaving for camp - th	Please hand is is a safety precaution. Also please ensure that there is
Cyour Name		
including a local or general anaesthetic, or blood transfusion and I cannot be contacted by telephone or any other means to authorise emergency treatment. I hereby give my general consent for	I (Your Name) being the parent	
If your child does, unfortunately, require medical treatment due to illness or accident. Every effort will be made to contact you as soon as possible. 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 parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities Continued Overleaf P.T.O. Has your child been in contact with the following within the last four weeks (this does not necessarily mean that they cannot attend camp) Measles: Y/N Chicken Pox: Y/N Mumps: Y/N Scarletina: Y/N German Measles: Y/N Whooping cough: Y/N Your child's GP: Telephone No:	including a local or general anaesthetic, or blood transfusion	on and I cannot be contacted by telephone or any other
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 parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities Continued Overleaf P.T.O. Has your child been in contact with the following within the last four weeks (this does not necessarily mean that they cannot attend camp) Measles: Y/N Chicken Pox: Y/N Mumps: Y/N Scarletina: Y/N German Measles: Y/N Whooping cough: Y/N Your child's GP: Telephone No: Address: Telephone No: Telephone No:	to sign any documents required by the hospital authorities If your child does, unfortunately, require medical treatment contact you as soon as possible.	on my behalf(Signed) due to illness or accident. Every effort will be made to
Has your child been in contact with the following within the last four weeks (this does not necessarily mean that they cannot attend camp) Measles: Y/N Chicken Pox: Y/N Mumps: Y/N Scarletina: Y/N German Measles: Y/N Whooping cough: Y/N Your child's GP: Telephone No: Address:	medical consent forms have no legal status and a doctor/nurse insisting on the co do not recommend that Leaders insist on parents signing the statement above. Ho	onsent of a parent to a particular treatment has the right to do so. For this reason, we owever, it can be a comfort to medical staff to have general consent in advance from
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Address: Telephone No: Telephone No: Address:	cannot attend camp) Measles: Y/N Chicken Pox: Y/N Mumps: Y/N Scarletina:	: Y/N German Measles: Y/N Whooping cough: Y/ N
Your child's Dentist: Telephone No:		
Address:		Telephone No:
If deemed necessary can sun cream be provided for your child to put on: Y/N	Address:	
	If deemed necessary can sun cream be provided for your	child to put on: Y/N

Can your child swim 50 Metres and tread water unaided: Y/N. If NO can your child bathe under supervision: Y/N

If there is any additional information (bed-wetting, nightmares, dietary requirements etc.) that you think may be helpful to us while your child is at camp please use the space below.		
Permission is given for (Child's Name)	to attend camp/scouting activity	
At (Site Name / Venue) Ashworth Valley Scout Camp		
on the following dates (From) 14th July (Till) 16th July 2017		
Signed (Parent/Guardian)	(Date)	
Please note that specific parental permission is needed before a c Whilst on camp we may be participating in adventurous activities Shooting, Water activities		
I give permission for (Child's Name)scout safety rules and under strict supervision. I also declare tha 21 of the Firearms Act 1968 (which applies only to persons who and give permission for them to take part in Rifle shooting, Arche	at he/she is not subject to restriction by virtue of Section have served a term of imprisonment or youth custody)	
(You're Name) parent / gua	ordian of	
All activities will be run in accordance with The Scout Association's safety rules. No respon camp organisers and The Scout Association does not provide automatic insurance cover in		

Extracts from the Firearms Act 1968

(1) A person who has been sentenced (to custody for life or) to preventive detention, or to imprisonment or to corrective training for a term of three years or more (or to youth custody (or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a young offender's institution in Scotland, shall not at any time have a firearm or ammunition in his possession.

(2) A person who has been sentenced to imprisonment for a term of three months or more but less than three years (or to youth custody (or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a detention centre or in a young offenders institution In Scotland, shall not at any time before the expiration of the period of five years from the date of his release have a firearm or ammunition in his possession.

This means: Section 21 prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or shot cartridges for which a certificate is not needed. A sentence of 3 months to 3 years attracts a 5 year prohibition, shorter ones no prohibition but a longer one means a life ban.