

1st. Fair Oak Scout Group



... Activities Consent Form

This form must be completed by the person with parental responsibility before a person under 18 can participate in the event.

Complete all sections highlighted in bold & sign. Please return before any events take place or when instructed.

Event	All Outdoor Activities (not camps)	Dates	1 st January to 31 st December 2012	
Confirmation (by signing the form you confirm these conditions)	<ul style="list-style-type: none"> I confirm that I have parental responsibility for the participant. I have received and read the activity information sheet. He/she is in good health and I agree to his/her participation in any or all the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part and that the Camp/Activity Leader reserves the right to send any participant home. I give permission for the leaders to seek medical help in the event of any emergency. In the event I cannot be contacted, I give general consent to the treatment advised by the medical authorities and give permission for a leader to sign any forms required. NB doctors can insist on parental authority. I agree to photographs being taken and used on displays/scout website. (delete if you do not agree) 			
Personal Details about the participant	Full Name			
	Address 1		Home phone	
	Address 2		Work	
	TOWN		mobile	
	Postcode		Email	
	Date of birth	/ /	Doctor Name	
	Next of kin 1		Surgery	
	Next of kin 2		Phone No	
	Other Contact	Name: Relationship:	Phone No Email	
Medical Details about the participant	Medical Conditions	Does he/she suffer from: Asthma, Diabetes, Epilepsy, Heart Conditions or any other medical condition? NO YES (detail overleaf)	Allergies	Does he/she suffer from any allergy e.g. food, medication, plasters? NO YES – detail overleaf and detail extent of severity.
	Dietary	Does he/she have any special dietary requirements e.g. vegetarian, gluten free etc. NO YES (detail overleaf)	Medical Treatment If YES give details overleaf.	Is the participant receiving medical treatment or taking medicines at the present time NO YES Are there any occasions you would not wish the participant to receive medical treatment NO YES
	Pain Remedies	May the participant be offered paracetamol in the event of minor aches and pains NO YES	Other Information	
Signature	Parent		Date	

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Group Scout Leader: **Nev. Morley** Tel. 0845 6445258 Assistant Group Scout Leader: Ivan Sparks 023 80692087

Patron HM The Queen, **President** HRH The Duke of Kent, **Founder** Robert Baden-Powell OM, **Chief Scout** Bear Grylls

Registered Charity Number 302252 Consent Form revised: January 2012