



Maidenhead & District Scouts Centenary Camp 25th – 29th May 2007

ADULTS FORM

Sub Camp _____ Section: _____

A fully completed form is required for all attending. Please complete in blue/black ballpoint pen and delete * starred items as appropriate.

Please return this form completed and signed to YOUR SECTION LEADER NO LATER THAN Friday 11th May 2007

Name _____ will be attending **Maidenhead & District Scouts Centenary Camp**

(Full Name)

I will inform the Sub Camp Leader of any medication, diet etc., to be taken during a camp and the appropriate hospital concerned if under current treatment. (If you have to take pills or medicine the bottle or jar will be clearly marked with your name on it).

I understand that the Leaders can accept NO responsibility for personal equipment, clothing and effects. The Scout Association, *Scout Group* or *Guide Company* does NOT provide automatic insurance cover for such items.

In Case of an Emergency, Contact:

Name _____ Relationship _____

Address _____ Post Code _____

Telephone Numbers (all including mobile numbers) _____

Date last immunised against tetanus ___ / ___ / ___ National Health Number _____

Name and Address of Family Doctor _____

_____ Tel No. _____

Present Medical Conditions:

Do you suffer from:- Asthma, chest complaints, Wheezing, Hay Fever, Migraine, Fits or Faints, Diabetes, Nervous Disorders or any other illness or disability?

* **YES / NO** If yes please give full details _____

I will / will not* be taking medication on this camp. (Full details of ALL medication below)

<h3 style="margin: 0;">Medication Taken on Camp</h3> <p style="margin: 5px 0;">Please give full details :-</p>
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Infectious Illness:

Have you had contact with any infectious illnesses, during the three weeks before the camp?

* **YES / NO** If yes please give full details _____

<p>Known Allergies. Are you allergic to anything (Antibiotics or particular drugs including food allergies).</p> <p>* YES / NO If yes please give full details _____</p>

Any Other Information that is relevant _____

Adults Signature _____ Date ___ / ___ / ___

Adults Name [Printed] _____ Scout / Guide Group _____

Please inform us if you become aware of any contact with infectious illness after completion of this form

This form must be returned to the Sub Camp Leader between Tuesday 1st May and Friday 11th May 2007

Section Leaders are asked to copy each form and deliver the original and copies to the Sub Camp Leader