



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

Sub Camp _____ Section: - _____

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

Please return this form completed and signed to YOUR SECTION LEADER NOT LATER THAN Friday 11th May 2007

I give permission for _____ to take part in **Maidenhead & District Scouts Centenary Camp**
(Full Name)

I will inform the Sub Camp Leader if any medication, diet etc., to be taken during a camp and the appropriate hospital concerned if under current treatment. (If your child has to take pills or medicine the bottle or jar will be clearly marked with his / her name and the exact **dosage**, and instructions for use and handed to your child's section Leader).

In the event of illness or accident requiring emergency treatment, I authorise a Sub Camp Leader or Section Leader to sign on my behalf, any written form of consent required by the hospital authorities. If the delay to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

I give permission for a Sub Camp leader, Section Leader, First Aider or assistant to use antiseptic if my child cuts them self, or if a minor ailment develops e.g. headache, tummy upset, to administrate a proprietary drug if necessary.

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.

I am happy for photographs of my son/daughter to be used for publicity purposes. Local paper or on Scouts / Guides Web Sites.

I will make sure that my child does not take any unauthorized items on this camp. Unauthorised items include: - knives, alcohol, tobacco items, matches, fireworks, aerosol cans, inflammable liquids, explosive items, etc. Battery operated items (except a watch/small torch) e.g. **mobile phones**, radios, cassette recorders, walkmans, computer games I Pods, etc. ***If my child does take any unauthorised items, I realise that they will be sent straight home, at any time of day/night.***

I have ensured that my child understands that it is important for their safety and for the safety of the group that any rules and any instructions given by the Leaders are obeyed. I undertake to inform my child's Leader in the event of any changes to my child's fitness prior to this camp.

In Case of An Emergency Contact:

Name _____ Relationship _____

Address _____ Post Code _____

Telephone Numbers (all including mobile numbers) _____

Childs Date of Birth ___ / ___ / ___ Date last immunised against tetanus ___ / ___ / ___ National Health Number _____

Name and Address of Family Doctor _____

_____ Tel No. _____

Present Medical Conditions:

Does your child 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 _____

My child **will / will not*** be taking medication on this camp. (Full details of **ALL** medication overleaf)

Infectious Illness:

Has your child had contact with any infectious illnesses, during the three weeks before the camp.

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

Known Allergies. Are you allergic to anything (Antibiotics or particular drugs **including** food allergies).

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

Any Other Information that is relevant _____

Parent/Guardian Signature _____ Date ___ / ___ / ___

Parent/Guardian Name [Printed] _____

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



Medication Taken on Camp

If your child has to take pills or medicine the bottle or jar will be clearly marked with his / her name and the exact dosage, and instructions for use and handed to your child's section Leader – Please give Full details below:-

Note: Medication for all campers under 18 years of age should be handed to dedicated leader within the sub camp, **EXCEPT Inhalers WHICH YOUR CHILD SHOULD RETAIN.**

FIRST AID BOX CONTENTS

Please indicate if each item may be administered to your Son / Daughter, If Required:-

| | | | |
|--------------------------|----------|-------------------------|----------|
| Junior Disprol | Yes / No | Micropore Surgical Tape | Yes / No |
| Paracetamol | Yes / No | Stretch Plasters | Yes / No |
| Calpol 6+ | Yes / No | Antiseptic Wipes | Yes / No |
| Milk of Magnesia | Yes / No | Crepe Bandages | Yes / No |
| Cough Linctus | Yes / No | Triangular Bandages | Yes / No |
| Antiseptic Throat Sweets | Yes / No | | |
| Lemsip | Yes / No | Lint | Yes / No |
| Tunes | Yes / No | Sterile Dressing Pack | Yes / No |
| Sore Mouth Gel | Yes / No | Melalin dressing | Yes / No |
| Nivea Creme | Yes / No | Finger Stool | Yes / No |
| Vaseline | Yes / No | Finger tubegauze | Yes / No |
| Germoline | Yes / No | Always sanitary towels | Yes / No |
| Savlon | Yes / No | | |
| Anthisan Creme | Yes / No | Calamine Lotion | Yes / No |
| Insect Repellant | Yes / No | Optrex / eye bath | Yes / No |
| Waspeze | Yes / No | After-sun cream | Yes / No |
| Stingose | Yes / No | | |
| Lipsalve | Yes / No | | |
| Magnesium Sulphate Paste | Yes / No | | |
| Witch Hazel | Yes / No | | |
| TCP | Yes / No | | |

Child's Name _____ Age _____

Signed _____ Date _____
Parent/Guardian

This double-sided 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