

Hemel Hempstead District Scout Camp Consent Form.
Nimrod Competition

THIS FORM MUST BE COMPLETED IN FULL (Capitals please) and signed by the Scout's Parent/Legal Guardian/Carer. It gives the necessary authority for the camp Leader to act on your behalf in case of "EMERGENCY TREATMENT ONLY".

Scout (Full name).....will be attending Nimrod '13

The camp at **Phasels Wood Scout Camp** from **13/07/2013 To 14/07/2013**

Date of last TETANUS immunisation was...../...../..... Or approx year.....

Medicines currently being taken.....

Allergies (e.g. Antibiotics, food, etc).....

Any other medical information (e.g. disability, pins, recent surgery etc).....

Do they **NEED** any special diet?.....

Date of birth...../...../..... National Health number.....

Name & address of Doctor.....

.....Tel No:.....

During the camp my address will be.....

.....Tel No:.....

I will inform you if the Scout has been in contact with any infectious disease within 3 weeks prior to the camp.

If it becomes necessary for (name).....to receive Medical treatment and I cannot be contacted by telephone to authorise this, I hereby give my general consent to any necessary Medical treatment recommended by a Doctor, and authorise the Leader in charge to sign any documents required by the Hospital authorities.

Signature.....**Date**...../...../2013

Print name.....

Relationship to Scout.....

Please continue on the back of this form if there is any other information you consider the camp Leader should be aware of.