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| https://1.bp.blogspot.com/-W9siOFJ5NZo/XWdzK_UUuqI/AAAAAAAAHSE/CJQDY-gLCrMsGvTt-hsqE1kKKtZ9JF7IACLcBGAs/s320/messy-cartoon-chef-cooking-kitchen-funny-splashing-eggs-yoke-over-his-face-as-mixes-eggs-electric-whisker-76468616.jpg | **HEMEL HEMPSTEAD DISTRICT SCOUTS** **READY STEADY COOK COMPETITION** |
| 2.00pm – 5.00pm, Saturday 12th March 2022 |
| Hobbs Hill Wood School, Peascroft Road, Hemel Hempstead HP3 8ER |

**This form is to be completed for all Scouts taking part in the above competition.**

|  |  |
| --- | --- |
| Full Name: |  |
| Home Address including postcode: |  |
| Scout Troop: |  |
| Emergency contact numbers during the competition: |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |

**Please read and sign the following declaration and**

**delete any part of it that you do not consent to:**

|  |  |
| --- | --- |
| My child has NO food allergies or dietary restrictions (tick box if applicable): |  |
| **My child is allergic to or must not eat:** (please state which) | **If restriction is due to allergy, please state level of allergy:** ie. must not eat it (raw or cooked), must not touch it, cannot be in a room with it. |
|  |  |
| * I hereby give permission for my child to take part in the above competition.
* My child has no symptoms of Covid on the day of the competition and is not isolating.
* I give my permission for Leaders to use my child’s epi-pen if applicable and **that I have supplied an appropriate and in-date pen** if applicable.
* If it becomes necessary for my child to receive professional medical treatment and I cannot be contacted on the above numbers, I hereby give my consent to any necessary emergency medical treatment required by the hospital authorities or health professionals.
* I consent to my child being treated for minor injuries such as cuts and bruises by Leaders, ie. with sticking plaster, dressings, antiseptic wipes etc.
* I give my permission for my child to be photographed by Leaders and for photographs to be used on Scout social media, website and publicity materials such as newspaper reports.
 |
| **Signature:** | **Date:** |
| **Name of Parent/Guardian:** | **Relationship to Young Person:** |