

Name:

Unit:

PERMISSION TO ATTEND ACTIVITY & MEDICAL CONSENT

To be completed by the parent or guardian of the young person participating. It gives permission for your son/daughter/ward to take part in the event and its activities, and authority to the event leader to sign on your behalf any papers needed by the medical authorities in case of emergency hospital treatment.

The information given on the form will be treated in confidence.

I hereby give permission for to attend Berkshire Scouting's 2008 expedition to France, Alps 2008, being held in Alpes-de-Haute Provence in France from the 17th to the 30th of August 2008 under the leadership of R W Meldrum and in particular to take part in the following activities:

Mountain walking, rock climbing, via ferrata, kayaking, open canoeing, white water rafting, canyoning, mountain biking, swimming, expeditions and camping.

* Please delete any activity for which you do not give consent.

NB. All activities will be run in accordance with the Scout Association's safety rules.

As far as I am aware my son/daughter has/has not** been in contact with any infectious disease within the last 3 weeks. If the answer is yes please give details overleaf.

He/she has/has not** been immunised against tetanus in the last 10 years.

He/she has/does not have** any known allergies/ sensitivities (e.g. to penicillin and foods) or disabilities. If yes please give full details including of any precautions and remedies overleaf.

He/she does/does not** have to take any pills or medicines during the event. If yes please ensure that your son/daughter has adequate supplies and give details overleaf.

He/she is/is not** currently either undergoing any other medical treatment or under medical supervision. If yes please give details overleaf including the names of the doctor and/or hospital concerned.

In the event of any illness or accident requiring emergency hospital treatment, I give my consent to any necessary treatment and authorise the event leader and any other adult leader appointed by the Scout Association and assisting with the event to sign on my behalf any form of consent required by the hospital authorities, if the delay required to obtain my signature is considered inadvisable by the doctor concerned.

I am willing/not willing** for my son/daughter to be given antihistamine cream if necessary for bites or stings.

The name and address of my son/ daughter's doctor are

His/her National Health Service Number is His/her date of birth is

During the event I can be contacted

from (dates) toat tel. no&

from (dates) toat tel. no&

from (dates) toattel. no

Signed Parent/guardian

Name Date

Home Address