

## Armstrong Scouts Permission & Personal Details Form

(Valid 1<sup>st</sup> September 2010 to 31<sup>st</sup> July 2011)

I give permission for \_\_\_\_\_ to attend all aspects of the scouting programme with Armstrong Scouts including activities and camps.

<u>Personnel Details</u>	<u>Medical Details</u>	
Name	Doctor's Name & Contact Details	
Date of Birth		
Home Address		
National Health Number		
Date of last Tetanus injection		
Any information we should know including special needs (Allergies/dietary/behavioural/etc) especially considering the type of activities to be undertaken during the scouting year.		
<u>Contact's Details</u> (Details of two contacts are always useful)		
	First Contact	Second Contact
Name		
Relationship to above		
Home Telephone Number		
Mobile Telephone Number		

How far can you swim?                      Less than 25m                      25m - 50m                      More than 50m

Are you confident in the water? \_\_\_\_\_

Are you confident riding a bicycle? \_\_\_\_\_

*Do you have problems with any of the following and to what degree :*

Are you afraid of heights? \_\_\_\_\_

Are you afraid of the dark? \_\_\_\_\_

Are you afraid of enclosed spaces? \_\_\_\_\_

Would you try activities involving any of the above with encouragement? \_\_\_\_\_

Do you walk or talk in your sleep? \_\_\_\_\_

Do you have any problems with bedwetting? \_\_\_\_\_

Please feel free to clarify any of the above answers (eg controlled by medication or only after eating cheese)?

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1. I give consent for \_\_\_\_\_ to participate in a variety of scouting activities.
2. I understand it is my responsibility to inform Armstrong Scouts Leadership Team of any changes to the information on this form.
3. If medication is required whilst on camp, I accept responsibility that a Medical Form needs to be downloaded, completed and given, with the medication, to the designated First Aider. I give permission for the designated First Aider to administer the appropriate medication as required while attending scout activities or on camp.
4. If considered necessary the First Aider will seek the appropriate medical services (i.e. doctor/hospital). If it becomes necessary for \_\_\_\_\_ to receive outside medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the leaders in charge to sign any document required by the medical authorities.
5. I understand it is my responsibility to inform Armstrong Scouts Leadership Team if \_\_\_\_\_ has had any contact with infectious diseases within 3 weeks prior to a camp.
6. I understand that the Armstrong Scouts Leadership Team reserves the right to send any participants home if necessary and it will be my responsibility to arrange all aspects of the transport home.

- All activities will be run in accordance with The Scout Association’s safety Rules.
- To ensure the safety of all, instructions must be adhered to at all times.
- No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

(This form and the Medication Form can be downloaded from the website [www.armstrongscouts.org.uk](http://www.armstrongscouts.org.uk))

Signature ..... Date .....  
 (Parent/Guardian if under 18 years)

Note: The medical profession takes the view that the parent’s consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.