

Activity Permission Form



Parents/Guardians must complete all sections of this form and return it to the Leadership Team at their earliest convenience. I confirm my understanding that it is at the discretion of the Activity Coordinator to send participants home if deemed necessary.

Scout Name	
Scout's Date of Birth	

Permissions:

Acknowledge the Following Consent to give permission when signing this form

1	I permit my child to attend Summer Camp in Cromer, Norfolk, from 26/07/2025 till 02/08/2025
2	I confirm my understanding that if I wish my child not to appear in photographs or videos, whether publicly or privately stored/utilised, I must notify the Activity Coordinator in writing before the event
3	I confirm that the Leadership Team can give my child appropriate paracetamol doses
4	I confirm that my child is immune to tetanus
5	I confirm that my child can swim up to 50m unaided
6	I confirm that my child can participate in swimming and water activities

Medical Information

Indicate where Appropriate - Print 'YES' or 'NO'

7	My child suffers from Hayfever	
8	My child is sensitive to Penicillin or Other Medicines	
9	My child is sensitive to Elastoplast	
10	My child suffers from Asthma (Inhaler must be kept, spare must be given to Leadership)	
11	My child suffers from Other Allergies (Food, Medicines, Animals)	
12	My child suffers from Night Terrors	
13	Other Medical Information (incl. Fits, Diabetes, Migraines, and Period Pains)	
14	Suffered from an infectious disease over the past month	

Extra Information:

State extra information, should it be required, about the above aspects

Medical Details

NHS Number:	Doctors Name:
Doctors Address:	Doctors' Contact Number:

Emergency Contacts

Contact Name:	Contact Number:
Contact Name:	Contact Number:

Permissions Confirmation

If it becomes a requirement for my child to receive medical treatment and I cannot be contacted, I give my consent to administer any treatment required and permit the Activity Coordinator to sign any document medical authorities require on my behalf.

All medication, except personal inhalers, must be given to the Leadership Team before the trip and clearly labelled with the name of your child, the required dosage and any other specialist instructions. Unusual conditions can be discussed with you by the Activity Coordinator before departure.

Notice: The medical profession takes the view that the parents' right to consent to medical treatment cannot be delegated. This view is explicit in the Child 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 insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents and to have a Leader on hand able to sign forms required by medical authorities.

Signed (Parent or Guardian)	
Date of Authorisation	
Print Name	