



# Health Information and Consent Form

**This section to be completed by the Camp Leader**

Camp Location  <b>Lees Wood Scout Camp</b> <b>Fir Tree Hill, Chandlers Cross, Herts. WD3 4LY</b>
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From	To
<b>Fri 2<sup>nd</sup> December</b>	<b>Sun, 4<sup>th</sup> December 2011</b>

Camp Leader <b>Ben Konyn</b> Cub Scout Leader
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Assistant Camp Leaders <b>Jacki Staal, Adam Franklin &amp; Aimee Lyons</b> (All leaders are warranted Scout leaders with CRB checks)
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**This section (both sides) is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. If, in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)**

Surname
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Date of Birth
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Forenames
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National Health Service Number
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Date of last Tetanus injection
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Parent/Guardian's Address During the Camp ..... ..... ..... Telephone: ..... Mobile: .....
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Family Doctor's Name and Address ..... ..... ..... ..... Telephone: .....
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I hereby give permission for my child to attend the aforementioned camp.

If it becomes necessary for my child to receive 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 Camp Leader named above (or in their absence one of the assistant Camp Leaders named above), to sign any document required by the hospital authorities.

I will inform the Camp Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian
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Relationship to Young Person
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Signature
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Date
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