

## Information / Medical / Permission Form



Venue:- Rhydd Covert Camp Site, Kidderminster

Dates:- Saturday 19<sup>th</sup> May 2012

**This section is to be filled out by the Cub Scouts Parent or Guardian and handed back to your Cub Leader.**

### Personal Details

Name of Cub ..... Date of Birth .....

Unit .....

Name of Parent or Guardian .....

Address and telephone number at which Parent or Guardian can be contacted during the event:-

.....

.....Telephone number .....

### Medical Details (if you answer 'yes' to any of the following questions please give details overleaf)

Date of last tetanus immunisation (if none then please state) .....

- 1) Does he/she have a medical condition?      YES / NO
- 2) Is he/she currently taking any medication?      YES / NO
- 3) Is he/she allergic to anything (e.g. aspirin, antibiotics, any particular food or drugs)?      YES / NO
- 4) Has he/she been in contact with any infectious disease within the 3 weeks prior to this camp?      YES / NO
- 5) Has he/she any mobility difficulties?      YES / NO

His/her National Health Number .....

Name and address of family doctor .....

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If it becomes necessary for ..... (Cubs name) 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 your Cub Leader to sign any documents required by the hospital authorities.

Signature ..... Date .....  
(Parent or Guardian)

### Special Activity Permission for Shooting Activities

I, being the parent/guardian of the person named above, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for the above named Cub to take part in Air Rifle Target Shooting as part of the event activities.

Signature ..... Date .....  
(Parent or Guardian)