

9th Doncaster (York Road) Scout Troop  
SUMMER CAMP 2007  
Advance party

I give my permission for \_\_\_\_\_ (name of child)  
To attend the 9<sup>th</sup> Doncaster Scout Troop Summer Camp at Broadness Farm, Keswick, Cumbria from  
THURSDAY 16<sup>th</sup> August 2007 to SATURDAY 25<sup>th</sup> August, 2007.

Date of birth \_\_\_\_\_

Has he been in contact with any infectious diseases within the last 3 weeks? \_\_\_\_\_

Date of last TETANUS injection \_\_\_\_\_

Please list any medications being taken (and for what) \_\_\_\_\_

\_\_\_\_\_

Does he have any allergies to food, medicines or other? \_\_\_\_\_

\_\_\_\_\_

Does he have any special dietary needs? \_\_\_\_\_

Does he have any special needs? \_\_\_\_\_

He can / cannot swim 50 metres and tread water. He may / may not bathe under careful supervision.

Family Doctor \_\_\_\_\_

Surgery Address \_\_\_\_\_

Surgery Telephone Number \_\_\_\_\_

Whilst the Camp is taking place I can be contacted at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

If not available there, I can be contacted at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Please continue overleaf if necessary.

I understand that the Camp Leader reserves the right to send any participants home if necessary. If it become necessary for my Son to receive medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to the necessary medical treatment and hereby authorise the Scouter in charge of the camp to sign any documents required by the hospital authorities.

Signed \_\_\_\_\_ Parent / Guardian Date \_\_\_\_\_