

Aquila Scout Troop - Health and Permission form

The parent or guardian of the named scout must complete this form. It gives responsibility for your son/daughter to the Leader in charge of this Activity.	
Activity location and date	Autumn CAMP October 2009
Scout's name (First and surname)	
At the start of the activity, please inform the Leader:	
<ol style="list-style-type: none"> 1. If your scout has been in contact with any infectious disease, within 3 weeks of departure. 2. If your scout is bringing any medicine, this should be handed to the Leader at the start of the Camp, labeled with Scout's name. The dose should be recorded on this form. Any changes to medications should be reported ON PAPER at the start of the Activity. 3. If your scout is undergoing any current medical treatment, giving details of the appropriate hospital or doctor concerned. 	
Please note that leaders take photos of the various activities at Camps: I give permission for this. (If not please, cross out the paragraph)	
I give permission for my son/daughter to attend this Camp. In the event of illness or accident requiring emergency hospital treatment, I authorize the Leader to sign any form of consent required by the hospital authorities, if the doctor concerned considers the delay required in getting my own signature unadvisable. I understand that the Leader reserves the right to send any Scout home should the need arise.	
Scout's date of birth	
Scout's home address and telephone number	
Please indicate any relevant points about your scout's health, including allergies or sensitivities (e.g. to penicillin, aspirin), disabilities (e.g. travel sickness), or any dietary restrictions. Give full details of precautions and remedies.	
Please indicate if your scout has been immunised against tetanus within the last ten years, with date, if known	
Please indicate if the Scout is a weak swimmer (swim less than 50 m). If less, show distance	

Scout's National Health Number:			
Name of Scout's doctor:			
Doctor's address:			
Doctor's telephone:			
Medications:	Medication 1	Medication 2	Medication 3
Write the name of each medication			
Reason for medication (ailment etc)			
Precise dose, including amount and frequency (or the conditions that would require the medication)			
Address and telephone where a parent may be contacted during the period of the Activity, if different from above:			
If scout has Mobile phone at the activity, write phone number			
Travel: Please show here, if NOT traveling at the times in the letter: e.g. give time of pick up at the activity site and who will be picking up.			
Also show here for taking and/or collecting at the normal time, giving TOTAL number of Scouts that can be transported (together with their kit)			
Parent's/guardian's signature			