



Permission to camp form

I give permission for _____ to attend camp/hike from _____ until _____

I will inform you if he is in contact with any infectious diseases within 5 days of the start of the camp.

In the event of any illness or accident requiring emergency treatment, I authorise any warranted leader to sign on my behalf, any written form of consent required by the hospital authorities, if the delay required to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

I will supply any medication my son requires in a small clearly labelled bag and I understand that he will administer these himself.

Date of last Tetanus injection _____

He has/has not any known allergies/sensitivities e.g. hay fever/asthma/penicillin or disabilities e.g. travel sickness. (Please give details overleaf)

Any histories of previous serious illness or accident, including concussion, please give details overleaf.

NHS Number _____ Date of Birth _____

Name, Address and Tel. No. of Doctor _____

Please supply two contact numbers for Parents/next of kin who will be available for the duration of camp

1) _____ 2) _____

Signature of Parent/Guardian _____ Date _____