**Permission to Camp Form**

**CAMP INFORMATION –** This part to be retained by parent / guardian

**CAMP LEADER NAME**

GEOFF ANGELL ON BEHALF OF HERTFORDSHIRE SCOUTS

**UNIT NAME:**

**UNIT’S LEADER ON-SITE:**

**NAME OF EVENT**

CHILTERN CHALLENGE 2020

**TAKING PLACE AT**

PHASELS WOOD SCOUT CAMP

RUCKLERS LANE, KINGS LANGLEY

HETFORDSHIRE, WD4 9NA

**EVENT CONTACT PHONE NUMBER**

01442 252851 (PHASELS WOOD OFFICE)

07920 068172 (CAMP LEADER)

**FROM**

7 March 2020

**TO**

8 March 2020

**ADDITIONAL DETAILS ABOUT EVENT**

INCIDENT HIKE / ASSAULT COURSE / DAY & NIGHT BASES

All activities will be run in accordance with The Scout Association and Girl Guiding UK’s safety rules. No responsibility for the personal equipment / clothing and effects can be accepted by the camp leader and The Scout Association does not provide automatic insurance cover in respect to such items.

**PERMISSION TO CAMP -** This part to be returned to the Unit Leader

**I GIVE PERMISSION FOR:**

NAME:

ADDRESS:

DATE OF BIRTH:

**TO ATTEND CHILTERN CHALLENGE.**

**SPECIAL DIETARY REQUIREMENTS**

**VEGETARIAN?** [ ]  YES / NO [ ]

**Other Dietary Requirements –** PLEASE GIVE DETAILS

**ALLERGIES (FOOD, MEDICINE ETC)**

**MEDICINES CURRENTLY BEING TAKEN**

**HAVE HE/SHE BEEN IN CONTACT WITH ANY INFECTIOUS DISEASES WITHIN THE PREVIOUS 3 WEEKS?**

[ ]  YES / NO [ ]  (IF YES PLEASE GIVE DETAILS)

**LAST TETANUS IMMUNISATION**

(DATE)

**DOCTORS NAME**

**SURGERY ADDRESS**

**TEL NO.**

I UNDERSTAND THAT THE CAMP LEADER RESERVES THE RIGHT TO SEND ANY PARTICIPANT HOME IF NECESSARY.

 IF IT BECOMES NECESSARY FOR MY CHILD TO RECEIVE MEDICAL TREATMENT AND I CANNOT BE CONTACTED BY ANY MEANS TO AUTHORISE THIS, I HEREBY GIVE MY GENERAL CONSENT TO AUTHORISE THE SCOUTER IN CHARGE OF THIS EVENT TO SIGN ANY DOCUMENT REQUIRED BY HOSPITAL AUTHORITIES.

**SIGNATURE OF PARENT/GUARDIAN:**

**NAME**

**DATE**

**DURING THE EVENT, I CAN BE CONTACTED IN AN EMERGENCY ON:**

**TEL NO.**