



Don District Scouts

33rd Sheffield Scouts

Permission Form

Event:

Date:

Location:

Meeting place and time:

Collection place and time:

Cost:

Transport details:

Wear / Bring:

Further details:

Organiser and contact details:

Contact during the event:

Please keep this section for your own information, and detach and return the section below.

Note: All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to your section leaders.

Event:

Name of young person:

D.O.B:

Emergency contact:

Phone:

Doctor's name and contact details:
taken:

Details of any medications currently being

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:

Tick if they can be given the following:

Plasters [] Ibuprofen [] Paracetamol [] Antiseptic cream [] Sun cream []

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed:

Date:

Relationship to young person:

Please use the back of this form if more space is required