



# SAXONS

## Explorer Scout Unit

# Water Activity Weekend

## Health information Form

From: Scout Hall 7.00pm Fri 7 <sup>th</sup> June Arrive back approx. 7.00 pm on Sunday 9 <sup>th</sup> June
Location: 3 <sup>rd</sup> Poole Sea Scout Headquarters, Poole, Dorset.
Leaders in Charge, Neil Harrington, Nick Lake

### Leaders Contact Numbers During Camp:

Neil Harrington 07971 641381, Nick Lake 07973 540579,

This section (both pages) are to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)

Surname:
Forenames:
Date of Birth:

National Health Service Number:
Date of last Tetanus injection:

Parent/Guardians Address During the Camp: _____ _____ _____ _____
Home Telephone: _____
2 <sup>nd</sup> Number/Mobile: _____

Family Doctors Name and Address: _____ _____ _____ _____
Telephone: _____

- I hereby give permission for my child to attend the aforementioned Camp
- I undertake to inform you should he my child be in contact with any infectious disease within 3 weeks of the camp.
- In the event of illness or accident needing emergency hospital treatment, I authorise the Leader in charge of the camp to agree to any treatment where a doctor considers that the delay required to obtain our permission will be detrimental to my child.
- I certify that all the relevant details required on the reverse of this form have been supplied.
- I will inform the Camp Leader if any of the information given on this form changes before the event takes place.  
I understand that the Leaders/Scout Association take no responsibility for loss or damage to any personal kit whilst on Camp.

Continued...../

