



BEATING THE BOUNDS

NOV 10TH 2007

HEALTH FORM

I hereby give my consent for this young person to participate in 'Beating the Bounds'. I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the event to sign any documents required by the Hospital Authorities.

Name:	
Section:	
Home Address:	
Date of Birth:	
Emergency Contact Nos during the event: Home and Mobile	
Date of last tetnus:	
Details of medicines currently being taken	
Has this person been in contact with any infectious diseases within the last 3 weeks	
Does this person have any allergies to medicines or have any special needs?	
Name/Address of GP	
National health Number:	
Parent or Carer Signature if under 18 Explorer signature if 18	

The organisers must formally disclaim any responsibility whatsoever for any loss or injury at this Event. ONS will be run under the rules of the Scout Association and those who are members of the Scout movement will be covered in the normal way by their Association insurance.

We will be taking photographs during ONS that may be used to promote the positive benefits of Scouting. If you would rather we did not take pictures of you please contact the Organising Team.