

Group Number:
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Wristband Number:
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## Health & Permission to Camp Form

**Event:** Avon Scout Network's Intense at Woodhouse Park

This form is to be completed by everybody attending the weekend. If the person named is under 18, then a parent or carer must sign the form. Please answer the following questions as fully as possible. **Please complete clearly in BLOCK CAPITALS**

Surname	
Forename(s)	
Group Name	
Gender	

Date of Birth	
NHS Number	
Date of last Tetanus injection	

Your Contact Details	
Address	
Telephone	
Mobile	

Doctor's Details	
Name	
Surgery	
Address	
Telephone	

Emergency contact during the event	
Name	
Relationship	
Telephone	
Mobile	

Please give details of any known infectious diseases that you (named above) have been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

**Please complete the back of the form!**

Please list any known allergies / sensitivities / disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Asthma etc.)
Does the above person suffer from asthma, chest complaint, hay fever, migraine, fits or faints, diabetes, nervous disorder, any other illness or disability?
Please declare any other relevant information which you think the organisers should know about:

By signing this form the person named agrees to the following statements:

- ① Intense is an activity weekend for members of the Scout Association and GirlGuidingUK. The organisers must formally disclaim any responsibility whatsoever for any loss, injury or loss of life during the weekend.
- ① Activities will be run under the rules of the Scout Association (POR) and those who are currently members of the Scout Association or GirlGuidingUK will be covered in the normal way by their organisation's Insurance.
- ① **The person named above has read and will abide by the event rules** (available at <http://www.avonscouts.org.uk/intense/rules.html>)
- ① Photographs, video and audio recordings will be taken during Intense and they will be used to promote the positive benefits of Scouting.
- ① In the event of you requiring any form of treatment, this form will be passed to the appropriate people to help them decide which is the most suitable cause of action to take.

Participants Signature		Date	
Print Name			

If the participant is under 18 on the weekend of Intense:

Parent/Carer Signature		Date	
Parent/Carer Name		Relationship	

**Please complete and sign this form, then bring it with you when you book in**