



**ACTIVITY INFORMATION  
(Consent Form)  
SOLSTICE 2010**

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*Please complete legibly in ink.*

For (name of Group):

The (name of event):  
**SOLSTICE 2010**

Will take place at :

**Venue TBA 2 Weeks prior.**  
From (date): **Fri Eve 25<sup>th</sup> June 2010**  
To (date): **Sunday 27th June 2010**  
Cost : **£20.00**

Additional information about the events and activities.

**The camp fee includes Camp Fees and activities.**

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

I give permission for (name of child):  
.....  
.....  
.....

to attend the activity: **Solstice 2010**  
from: **25<sup>th</sup> June To: 27th June 2010**  
Signed Parent/Guardian: .....

Unless otherwise stated I give consent for photographic publicity/media for scout purposes only.

If you do not give consent please indicate overleaf.

**MEDICAL DETAILS**

Has she/he been in contact with any infectious diseases within the past 3 weeks?: (If yes please give details overleaf)  
.....

Date of last tetanus immunisation:  
.....

**Note:** The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

Medicines currently being taken:  
.....  
.....

Does she/he have any allergies to food, medicines or other?  
.....  
.....

Does she/he have any special dietary needs?  
.....  
.....

Does she/he have any special needs? Please continue overleaf if necessary:  
.....  
.....

Name, address and telephone number of own Doctor:  
.....  
.....

Date of birth:  
.....

During the event I can be contacted in an emergency at:  
.....  
.....

Telephone number:  
.....

Mobile Number:  
.....

I understand that the Scout Leaders/Activity organisers reserves the right to send any participants home if necessary.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Supervising Scouter in charge to sign any document required by the hospital authorities. I understand that with consideration to the Childers Act that responsibility can not be delegated. (see footer )

Signature of parent/guardian  
.....

Date:  
.....

**Consent forms are to be handed in at main control/registration.**

**NO FORM NO CAMP**