



CLEVELAND Explorer Scouts



Operation Escape

From **29th Sept '17**
To **1st Oct '17**

Leader
D Yardley

Assistant Leaders
M Cook, K. Askwith

This section (both sides) is 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

Date of Birth

Forenames

National Health Service Number

He/She may bathe under careful Supervision.. Yes No

Date of last Tetanus injection

Parent/Guardians Address During the Camp/Holiday
.....
.....
Telephone
Mobile

Family Doctors Name and Address
.....
.....
Telephone
EHIC No

I hereby give permission for my son/daughter to attend the aforementioned Camp/Holiday.

If it becomes necessary for my son/daughter 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 Camp/Holiday leader named overleaf (or in their absence one of the assistant camp/holiday leaders named overleaf), to sign any document required by the hospital authorities.

I will inform the Camp/Holiday Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian (Christian & Surname)

Relationship to Young Person

Signature

Date

