



County Hill Walking Weekend

Information / Medical / Permission Form

Venue:- Old School Lodge Activity Base, Deiniolen in Snowdonia

Dates:- Friday 6th October to Sunday 8th October 2017

This section is to be filled out by Parent or Guardian and returned to your Leader with the fee payable for the weekend.

Personal Details

Name of Scout..... Date of Birth .....

Unit or Group .....

Name of Parent or Guardian .....

Address and telephone number at which Parent or Guardian can be contacted during the Event:-

.....

.....Telephone number .....

Dietary details

Does your Son / Daughter have any special dietary needs? YES / NO

If Yes then please specify below: -

.....

.....

Medical Details (if you answer 'yes' to any of the following questions please give details overleaf)

Date of last tetanus immunisation .....

1) Does he/she have a medical condition? YES / NO

2) Is he/she currently taking any medication? YES / NO

3) Is he/she allergic to anything (e.g. aspirin, antibiotics, any particular food or drugs)? YES / NO

4) Has he/she been in contact with any infectious disease within the 3 weeks prior to this event? YES / NO

5) Has he/she any mobility difficulties? YES / NO

His/her National Health Number .....

Name and address of family doctor .....

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I wish for my son / daughter to attend the above event and If it becomes necessary for -

..... (Scout's name) 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 a Leader to sign any documents required by the hospital authorities.

Signature ..... Date ..... (Parent or Guardian)

Please return this form to your Leader along with any fees payable.