

5. Young Person's Health

5a NHS Number

This 10 digit number is obtainable from your GP

5b Date of last Tetanus injection

5c Doctor's Name

DR

Contacting your doctor

5d Surgery phone

5e Surgery address

Post Code

Surgery Name

Street/road

Town/village

Postal town

County

5f In the space below please give details of the following:

1. Any known infectious diseases with which you have been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any known allergies/sensitivities/disabilities (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
3. Details of any medicines/diets/treatments currently being taken/followed (including dosage details) & the specialist and hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines).

cont overleaf if necessary

6. Activity Permissions

➔ ScoutFest's programme will be challenging, adventurous and potentially dangerous at times. We manage risks very carefully but need permission for the young person to take part in certain activities.

6a If you would like your young person to be able to take part in controlled shooting activities at ScoutFest please tick this box:

By ticking this box you declare that your child is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 which applies to persons who have served a term of imprisonment or youth custody.

7. Confirmation

➔ If for any reason you need to change any of the information submitted on this form at a later date please contact the ScoutFest team quoting your membership number.

scoutfest@somersetscouts.org.uk

Please read the following statements

7a If it becomes necessary for my young person 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 ScoutFest management team, (or in their absence one of the assistant camp leaders), to sign any document required by the hospital authorities. If you do not give your consent please place a tick here:

7b I understand that my young person may have their photograph taken whilst taking part in this camp, which will be used to promote Scouting in Somerset. For our full Media Team photograph use policy, please visit somersetscouts.org.uk/media. If you do not wish for this to happen, please place a tick here.

7c Your information will be treated in accordance with the data protection act 1998.

7d Somerset County Scout Council does not accept liability for any losses incurred as a result of you booking to attend ScoutFest, as a result of cancelling your booking or as a result of attending ScoutFest 2012.

7e I understand that if my young person behaves in an irresponsible or inappropriate manner during the event they will be asked to leave with no refund for any costs I may have incurred in them attending the event.

7f I understand that if I cancel this booking after I have paid I may not be able to receive a refund for the full amount.

I hereby give my permission for my young person to attend ScoutFest 2012 and I have read and understood the terms and conditions above.

Signed:

Date:

Thank you for choosing to come to ScoutFest