

LADYBROOK VALLEY DISTRICT EXPLORER SCOUTS

Unit _____ Based at _____

PARENTAL APPROVAL / PERSONAL and MEDICAL DETAILS FORM

1. Activity _____ From _____ To _____

2. Personal Details

Surname _____ Forename _____ D.O.B _____
Address _____

3. Doctors Details

Name _____ Tel. _____
Address _____

4. Medical Information

Do you suffer from any illness or physical disability? please indicate
Yes / No
If so please describe. _____

If medical treatment is required, please describe _____

Are you allergic to any medication? Yes / No

If so, please give details _____

Have you received a tetanus injection in the last 5 years? Yes / No

5. Parental declaration

I give my permission for my son _____ (name) to take part in the activity as described, including all organized activities.

I undertake to inform the Scout Leader/ volunteer as soon as possible of any relevant change in medical circumstances occurring before the activity.

I hereby authorise any accompanying Scout Leader/ volunteer to give consent to such medical treatment as is considered necessary by a qualified medical practitioner during the activity described.

Mobile phones, if carried, must be wrapped and sealed and are for emergency use only. Any such use will have to be explained to the scout leader/ volunteer, and if it is not satisfactory, the activity will be deemed unsatisfactory.

Signed Parent/Guardian _____

Address (if different from above) _____

Emergency contact if different from above. Name address and Tel. No. _____