

# Don District Scouts

Sheffield

## Permission Form



Event:

Date:

Location:

Meeting place and time:

Collection place and time:

Cost:

Transport details:

Wear / Bring:

Further details:

Organiser and contact details:

Contact details during the event:

*Please keep this section for your own information, and detach and return the section below.*

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

Please complete and return this section to

by

Name of young person:

D.o.B:

Event:

*I enclose a cheque / cash for £ (please make cheques payable to )  
I have noted the arrangements above and agree to the named young person taking part.*

**Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing?**

Yes / No

Emergency contact:

Phone:

Doctor's name and contact details:

Details of any medications currently being taken:

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:

Details of any infectious diseases he/she has been in contact with in the last three weeks:

*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

Signed:

Date:

Relationship to young person:

*Please use the back of this form if more space is required*