

Arm Band No:**FOR OFFICE USE ONLY****Account Code:****SUN AND MOON RUN HEALTH & CAMP PERMISSION FORM 1st – 3rd JULY 2011**

This form is to be completed by everyone attending and handed to your Leader to hand in when booking in on the Friday of the event. DO NOT POST IT TO US IN ADVANCE.

Surname

Forenames

Address

Post Code

Tel No

Group Name

National Health No.(If known)

D. of B.

/ /

Male Female

(delete)

Name of Doctor

Surgery Address

Surgery Phone Number (24 hour if possible)

[many have changed recently - please check]

- Approximate Date of last of last Tetanus injection
- If the above person has been in contact with any infectious diseases that you believe we should be made aware of, please contact the organisers prior to arrival.
- List any known allergies/sensitivities e.g. penicillin/elastoplast/foods

- Is the above person undergoing any current or recently had any medical treatment which the organisers should know about? YES / NO
If yes please give details, include doctor or hospital.

- Does the above person suffer from asthma, chest complaint, hay fever, migraine, fits or faints, diabetes, nervous disorder, any other illness or disability.

- Please declare any other relevant information which you think the organisers should know about.

In the event of any serious accident please contact the following person who is contactable during the weekend

Name

Address (if different)

Post Code

Day Tel No.

Night Tel No

Relationship.

I understand that the Sun Run is a weekend of activities for members of the Scout and Guide Movements aged 14upwards. During the weekend there will be the opportunity to undertake Rifle target / laser clay shooting – if you do not wish your son/daughter to participate in these activities or they are restricted by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) please tick the box below. The organisers must formally disclaim any responsibility whatsoever for any loss, injury or loss of life during the weekend. The activities will be run under the rules of the Scout Association and those who are currently members of the Scout or Guide Movement will be covered in the normal way by their Association Insurance.

I and my son/daughter have read and will abide by the rules. I give permission for an Organiser/Leader to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my signature was considered inadvisable by the Doctor concerned.

Participants Signature

I do not wish my son / daughter to participate in target rifle/laser shooting. ☐ (tick if applicable).

Parent/Guardian signature

(if participant is under 18 on the weekend of the Sun Run)

Parent/Guardian Name