

Womble 2013



This form shall be completed by a Parent or Guardian of all **under 18 years old** at commencement of the event. Please complete all sections in block capitals and in black ink.

PERSONAL DETAILS

Name (Surname first) Male/Female

Address

Date of Birth (DD,MM,YY) Tel

Unit

Permission – I give permission for my son/daughter to attend Womble. I understand that the organisers reserve the right to send participants home if necessary at the expense of the Parent/Guardians. I also understand that some of the information supplied on this form will be held in a database for administration purposes. I give explicit consent to details of my son's/daughter's disabilities, health, religion or faith essential to the running of the event being held confidentially within the organisation of the event. All information given on this form is full and accurate. Within six months of the event, all Personal Details will be deleted from databases and forms shredded. Please inform the organiser of this event if there is any change to the details supplied on this form at the time of the event.

Publicity Photography and Video Recording - Any photographs and video footage filmed during the event will only be used in connection with the publicity of Scouting. We will not publish any address details or surnames of any young people in captions associated with the photographs. By attending the event, all participants, leaders and staff provide permission that photographs and video footage filmed during the event may be used for Scouting purposes.

Cancellation and Refunds - All Leicestershire Scout County camps / activities and events are priced in order to cover the costs of the event, after allowing for a small contingency. In the event of a surplus arising, the organisers reserve the right to retain any such surplus to be used in Scouting. Whilst being mindful of individual circumstances, the policy of Womble 2013 is that all deposits and payments are non-refundable. Womble 2013 will however entertain replacement participants in the event that a particular person is unable to attend. These alterations will be dealt with on an individual basis and it should not be assumed that all requests for alterations of personnel will be sanctioned, in particular – last minute replacements. In respect of those persons who have paid the full amount who are unable to attend and are unable to find an agreed replacement, Womble 2013 will consider requests for refunds, but these will again be dealt with on an individual basis, after the Womble 2013 has finished, and only if there are sufficient funds available.

HOME CONTACT DURING WOMBLE

Name:

Relationship to young person:

Address:

.....
.....

Daytime Tel:

Evening Tel:

Mobile Tel:

Name:

Relationship to young person:

Address:

.....
.....

Daytime Tel:

Evening Tel:

Mobile Tel:

Please turn over

MEDICAL DETAILS AND CONSENT
(Please attach a separate sheet for detailed replies if necessary)

Own family Doctor:Tel:

Address:

Does your son/daughter suffer from any illness or disability e.g. Asthma, Diabetes? **YES/NO**

If YES, please give details:

Is your son/daughter allergic to anything e.g. Antibiotics, particular food? **YES/NO**

If YES, please give details:

Does your son/daughter have any dietary needs e.g. medical, vegetarian? **YES/NO**

YES, please give details:

Date of last Anti-Tetanus (if known): Is he/she a contact lens wearer? **YES/NO**

Is he/she receiving any ongoing medical treatment at present? **YES/NO**

If YES, please give details:

Please also give details of any medication being taken:

.....

Hospital Consultant (if applicable) Surname.....First Names.....

Hospital:

Tel: Patient's Registration No:

FOR MEMBERS OF THE SCOUT ASSOCIATION UNDER 18

All medication (clearly marked with your son/daughters name and full instruction for use) must be handed to the Leader in Charge or the First Aider, except for inhalers, which may be retained by your son/daughter. It is highly recommended that a spare inhaler is provided and kept by an appropriate leader.

EMERGENCY PERMISSION

If it becomes necessary for my child 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 On Duty Health Officer for the event (if applicable) to sign any document required by the hospital authorities.

PARENT / GUARDIAN PERMISSION

Signed: Parent/Guardian

Date: