**18th Warrington East (4th Lymm) Scout Group**

# Activities Permission Form

This is a general permission form that covers all Scouting activities and events for the period 1st September 2020 – 30th September 2021 and will be renewed yearly. Additional forms may be required for specific activities and camps.

***IMPORTANT: You MUST check that all your child’s personal details are correct and up to date on “Parent Portal”***

 By signing below you are agreeing that you (the Parent/Guardian) will notify the group immediately of any change in circumstances, relating to this form.

###### Beaver Scout Personal Details

 Full Name …………………………………………….……………

####

Address …………………………………………….……………

…………………………………………….……………

Postcode …………………………………………….……………

####

Date of Birth …………………………………………….……………

####

Emergency Contact …………………………………………….……………

####

Mobile Phone …………………………………………….……………

####

Does your son/daughter have any special dietary needs? Yes/No

Please list dietary needs …………………………………………………………

 ……………………………………………………….…

 …………………………………………………….……

Does your son/daughter have any allergies? Yes/No

Please list allergies …………………………………………………………

 ……………………………………………………….…

 …………………………………………………….……

Does your son/daughter have any medical conditions that we need to be aware of? Yes/No

Please list …………………………………………………………

 ……………………………………………………….…

 …………………………………………………….……

Does your son/daughter take any medication for his condition? Yes/No

Please list any medication …………………………………………………………

 ……………………………………………………….…

 …………………………………………………….……

Can your son/daughter swim 50 metres and tread water? Yes/No

Can your son/daughter take part in water activities under authorised supervision? Yes/No

## I give my permission for my son/daughter ………………….….to attend any Scout activity or event, held by 4th Lymm or Warrington East District within the above stated period and understand that all reasonable effort will be made to contact us in the event of an emergency.

**I have checked that all the details for my child on *Parent Portal* are correct and up-to-date.**

 Parent / Guardian **Print Name** …………………………………

 Parent / Guardian **Signature** …………………………………

 Date……………………………………………………………..

If you wish to give any additional information, please use the space provided.

## . **I have provided the necessary medical information that you would require in such an emergency and hereby give my consent to any medical treatment and authorise the Leader in Charge of the activity/camp to sign any document required by the hospital authorities.**

Note: The medical profession takes the view that a parent’s consent to medical treatment cannot be delegated. This view is explicit in the Children’s Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we recommend, (but do not insist) that parents sign the above statement as it can be of comfort to the medical profession that they have general consent from parents in advance and a Scouter on hand who is able to sign any forms required by the medical authority.