



**1<sup>st</sup>/3<sup>rd</sup> Ruislip Scout Group**  
**Field Marshall Lord Milne's Own**  
 Woodford Hall, Poplars Close  
 Ruislip, Middlesex, HA4 7BU  
 Telephone: 01895 639545

Refer queries to : Neil Lattimer 01494 776841 or 07710 170929

**Summer Camp [ \_\_\_\_\_ ]**

**Medical and Sundry Details Form to be completed & handed to activity leader AT PARENTS and PARTICIPANTS MEETING.**

**Medical Section**

Forename(s) & Surname

Date of Birth

National Health Service Number

Date of last Tetanus injection

Parent/Guardians Address During the Camp/Holiday

.....

.....

.....

Telephone

Family Doctors Name and Address

.....

.....

.....

Telephone

I give Permission for ..... (delete as appropriate)

to be given antiseptic creams if required; to be given adhesive plasters if required; to be given sun care products if required; to be given aspirin if required (over 16 years); to be given paracetamol if required; to be given antihistamine's if required

**Dietary / Medical Requirements and Food Allergies – Please list**

.....

.....

During the Activity I can be contacted at: .....

.....

Home Tel.....

Mobile Tel.....

**CONTINUED OVER**

## Alternative contact details

During the Activity if I cannot be contacted, this person is another next of kin (aunt, gran, etc.)

.....  
.....

Home Tel..... Mobile Tel.....

Please give full details of any medication being taken:.....

(If medication details change by the activity please send details with your young person. If your young person is asthmatic and uses inhalers please ensure a second spare inhaler is brought to camp to be held by the Activity First Aider)

If it becomes necessary for my young person 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 Scouter in Charge to sign any document required by hospital authorities.

## Swimming Ability Section

My young person can / cannot swim in water deeper than 1.2 metres under supervision and can / cannot swim greater than 50 metres.

Delete / amend above as applicable

## Physical Size / Weight Section

My young person weighs .....kg  
.....Cm high

My Young person is

My Young person's inside leg measurement is .....Cm

## Shooting Permission

I Do / Do # not give permission for my young person to shoot 0.177 Air Rifles under adult supervision

# = Delete as applicable.

## Any Comments or Advise – Please list here

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.....  
.....

I understand the Activity Leader reserves the right to send any participant home if necessary.

Name of Parent/Guardian

Relationship to Young Person

Signature

Date