



NORTH OXFORDSHIRE DISTRICT

Permission to camp form

GROUP
SECTION Beavers Cubs Scouts Explorers

CAMPERS DETAILS

Name Date of Birth
Address Gender Male / Female

Postcode Email Phone (h)

EMERGENCY CONTACT (over the duration of the camp)

Name Phone (h)
Phone(m) Phone (m)

DIETRY REQUIREMENTS (ie vegetarian)

MEDICAL RECORD

Doctors name Phone
Surgery

In order that those administering first aid, and others involved in the organisation of the event, can respond appropriately should the situation arise, we ask that you provide the following information. Please provide further information if the answer is 'yes' to any of the following questions or if there are any other conditions or allergies that it will be useful for the organising team to know. Continue overleaf if necessary.

Does the young person suffer from any allergies?

Does the young person suffer from any ailments that we should be aware of?

Is the young person currently taking any medication?

AUTHORISATION

All data collected on this form will be held in a file for the purpose of the event and North Oxfordshire scouting only. This information will be treated as confidential and will only be released to those identified by the organisers as specifically requiring it to ensure the health, safety and welfare of participants.

I am aware that scouts must not bring alcohol, fireworks, laser pens, drugs, cigarettes and the like to camp and I will do my best to make sure he/she does not bring them.

I declare that the young person named above is not subject to restriction 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) and give permission for him/her to take part in shooting activities provided at the event. *(delete if you don't agree)*

Parent/carer signature

I confirm that these details are correct to the best of my knowledge. I give permission for the young person as named above to participate in this event.

Signed:

Date: