



1st Finchampstead Scout Group Activit/Camp Permission Form

Camp/ Activity Name:

Camp/ Activity Dates: _____ **to** _____

Name:

Date of Birth:

Capacity: **Scout** **Adult**

Address:

Home Tel:

Mobile:

GP Name:

GP Address:

Medications:

Please Note: Any Medication brought to the camp/activity should be clearly marked with the child's name on it and stating the correct dosage and handed to the Camp Leader / First Aider.

**Food or
other
Allergies:**

If my child has a headache during the camp/activity I give my permission for a Leader to administer:

Paracetamol: **Yes** **No**

Ibuprofen: **Yes** **No**

