



Permission to Camp Form Parents Consent.



Cub Scout has my permission

to attend camp in from

During this period my address will be

.....

.....

.....

Telephone:-

TRUE FALSE Immunisation Date

My child HAS had TETANUS immunisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My child is NOT allergic to PENICILLIN	<input type="checkbox"/>	<input type="checkbox"/>	
My child is NOT allergic to any foods	<input type="checkbox"/>	<input type="checkbox"/>	
My child does NOT wet the bed	<input type="checkbox"/>	<input type="checkbox"/>	
My child does NOT suffer from nightmares	<input type="checkbox"/>	<input type="checkbox"/>	
My child has been away from home before	<input type="checkbox"/>	<input type="checkbox"/>	
My child has permission to swim	<input type="checkbox"/>	<input type="checkbox"/>	
My child has permission to participate in all activities.	<input type="checkbox"/>	<input type="checkbox"/>	

(PLEASE TICK WHERE APPLICABLE, AND GIVE DETAILS WHERE NECESSARY)

In the event of my son/daughter being taken ill or being injured during the period of the camp, so that a surgical operation or serum injection becomes necessary, I hereby authorise .
..... or a leader designated by him/her to sign on my behalf
any written form of consent required provided that the delay necessitated to obtain my signature might endanger my son/daughter's health or safety.

Please note here any other points to be watched (including dietary requirements) re your son/daughter.

Signed: Parent/Guardian.