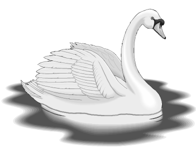

Wistaston 35th SWC

Overnight Permission Form

This form is to be completed by the Parent/Guardian of the named child. It gives responsibility for the child to the activity leader and authority for him / her to sign on your behalf any papers needed by the medical authorities for emergency hospital treatment if there is a delay in being able to get a parent/guardians signature.

I give permission for :
to attend : From / / Till / /
under the leadership of (Activity Leader)

As parent / guardian I will inform you if he / she is in contact with any infectious diseases within 3 weeks of the event, and of any medicines/special diet needed during the event. If he / she has to take any pills/ medication I will hand them to you clearly marked with his / her name and exact does upon arrival. If he / she is currently receiving any hospital treatment I will inform you of this and give contact details of the hospital concerned. If he / she has any allergies, sensitive topics, disabilities I will enter the details below.

I AUTHORISE YOU AS ACTIVITY LEADER TO SIGN ON MY BEHALF ANY WRITTEN FORM OF CENSENT REQUIRED BY THE HOSPITAL AUTHORITY, IF THE DELAY REQUIRED TO OBTAIN MY OWN SIGNATURE IS CONSIDERED INADVISABLE BY THE SURGEON

Please fill in the details below.

Address [ ] [ ] [ ] Postcode [ ] Telephone [ ] Mobile [ ]	Health No [ ] Doctor [ ] Surgery [ ] Telephone [ ]
Allergies, Bed-Wetting, Disabilities, Special Dietary Requirements or Sensitive Topics etc	

Please tick where applicable.

He/She has been immunised against tetanus in the last 3 years **Has** ☐ **Has Not** ☐
He/She may appear on photographs for display at the scout hut **May** ☐ **May Not** ☐

If the weather requires it I give permission for a leader to assist/supervise the application of Sun Protection Cream on the Face, Neck Arms and Lower Legs **Yes** ☐ **No** ☐

If my child is suffering from mild pain discomfort (e.g. tooth ache, ear ache, head ache) I give permission for a leader at their discretion to give them a single dose of Calpol **Yes** ☐ **No** ☐
(if the discomfort continues we will of cause phone you)

Additional contact 1 (different from above)	**Additional contact 2 (different from above)**
Name [ ] Relationship [ ] Address [ ] [ ] [ ] Telephone [ ]	Name [ ] Relationship [ ] Address [ ] [ ] [ ] Telephone [ ]

Parent/Guardian Signature ________________________________ **Date** _____/_____/_____