



# Day Activity Form – side 1 of 2

The ..... will be going to .....  
.....  
on (date) ..... at (time) ..... returning around .....

All activities will be ran in accordance with the Scout Association's Safety Rules. **NO** automatic responsibility for personal equipment, clothing and effects can be accepted by the event organisers, and the Scout Association **DOES NOT** provide automatic insurance cover in respect of such items. Please contact me if you require any further information.

Signed (Leader) ..... Date: ..... Tel: ..... Mob: .....  
Address: ..... E-mail: .....

**The following form is an important piece of paperwork which must be returned to the Leader prior to the event.**  
**THE FORM MUST BE RETURNED - WE CANNOT TAKE ANYONE AWAY WITHOUT IT !!!**

Equipment Required for Activity:		
To Wear:	To Carry:	To Leave in vehicle for return:

Additional Requirements .....  
..... cut here ✂ .....

**Personal Information** This section should be filled in by the Parent or Guardian of the named boy/girl. It gives authority for the Camp Leader to sign on your behalf any papers needed by the medical authorities in case of emergency treatment.

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement below. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

My son/daughter ..... has permission to take part in ..... on .....  
Date of last tetanus immunization .....  
Medicines currently being taken .....  
Details of allergies .....  
Special dietary needs ? .....  
Has he/she any mobility difficulties ? .....  
He/she MAY be photographed on Scouting Activities.  
He/she CAN/CAN NOT swim 50 metres and tread water. He/she MAY/MAY NOT bathe under careful supervision.  
His/her National Health Service Number is ..... Date of Birth .....  
Name and Address of Family Doctor .....  
..... Telephone .....

During the event from my address will be .....  
..... Tel ..... Mob .....  
alternative contact address .....  
..... Tel ..... Mob .....

I will inform you if my son/daughter has been in contact with any infectious disease within three weeks prior to the event.

If it becomes necessary for ..... 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 of the event to sign any document required by the hospital authorities.

Signature ..... Date .....