



intrepid esu\_

summer camp\_

activity form\_



Explorer's Name:

Explorer's Address:

Explorer's Date of Birth:

If the answer to any of the following questions is "Yes", please give details overleaf

- 1. Has the above been in contact with any infectious illness in the past three months? Yes / No
- 2. Is the above receiving any medical treatment at present? Yes / No
- 3. Is there any medical condition that would need to be made known to a doctor? Yes / No
- 4. Is there any medication currently required?  
**(If yes, please hand to a Leader with Scout's name affixed and full directions for use).** Yes / No
- 5. Are there any particular dietary needs? Yes / No
- 6. Are there any allergies to food, medicine, environment (e.g. hay fever)? Yes / No

Date of last anti-tetanus (mm / yy)

May the above take part, under supervision, in adventurous activities such as, but not exclusively, canoeing, climbing? Yes / No

As water activities may be involved, can the above swim 50 metres in clothing and keep afloat for five minutes? Yes / No

Blood group (if known):

Doctor's name & address:

Emergency contact's name:

Emergency contact's telephone number(s):



**If under 18:**

I consent to my daughter / son undertaking activities with the Scout Association and its agents. If, in the event of her / him requiring medical treatment, there is a delay in obtaining my consent that might be detrimental to such treatment, I authorise any Warranted leader of the Scout Association, or their agent, to give consent on my behalf. Where appropriate, I consent to my daughter / son using air pistols and rifles under supervision.

**Signed:** \_\_\_\_\_ Parent / Legal guardian

**Date:**

**If 18 or older:**

I consent to undertaking activities with the Scout Association and its agents. If, in the event of me requiring medical treatment, there is a delay in obtaining my consent that might be detrimental to such treatment, I authorise any Warranted leader of the Scout Association, or their agent, to give consent on my behalf.

**Signed:** \_\_\_\_\_

**Date:**

**Details for Questions 1 - 6:**

For Leader's use only

Incident date:  
Incident time:  
Incident place:

Description of incident:

Description of any First Aid:

Description of any professional medical attention:

Home contact notified, date:  
Parents/ guardians notified, date:  
DC (01676 532078) notified, date / time:  
Headquarters (020 8433 7100) notified, date / time:

All press or other enquiries to be referred to the press officer, Baden - Powell House, in accordance with PDR

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