

## PERMISSION TO CAMP, Milestone Wood 2015

Please complete the attached form and return to John Wheals by 12<sup>th</sup> April 2015 at the latest.

Child's Name .....

Permanent Address .....

.....

.....

.....

Home Telephone number .....

Parent/Guardians Name ..... (Mother)

..... (Father)

Daytime/mobile telephone number at which you can be contacted in the event of an emergency (we will assume that you can routinely be contacted at home on weekends or in the evenings unless otherwise advised)

..... (Mother)

..... (Father)

Doctors Name .....

Doctors Address .....

.....

Telephone No .....

Does your child have any allergies/medical conditions or take prescribed medicines? ... Y/N  
If yes please list, use separate sheet of necessary.

.....

.....

Please list below any strong dislikes of foods etc which your child will not/cannot eat.

.....

.....

I give permission for my child to attend camp from 6<sup>th</sup> June to 8<sup>th</sup> June 2012 and understand that the Leaders reserve the right to send any participants home if necessary.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise any leader from 1<sup>st</sup> Wargrave to sign any document required by the hospital authorities and for them to act on my behalf in the event of an emergency.

I do/do not\* give permission for my child to be administered paracetamol/aspirin\* in accordance with recommended doses if required

I do/do not\* give permission for insect repellent or insect bite cream to be administered if required

\* delete as appropriate

Signed ..... (Mother/Father) Date