

Hemel Hempstead District Scouts Water Activities

Permission Form (Please complete using block capitals)

Name _____

Address _____

Home Phone _____

E-Mail Address _____

Other Contact: Mobile _____

Date of Birth _____

Doctor _____

Surgery _____

School _____

Religion _____

Any Disabilities or Medical Condition we should be aware of

Details of any inoculations _____

If it becomes necessary for my child to receive medical treatment and I cannot be contacted to provide authorisation either by telephone or any other means, I hereby give my general consent to any medical treatment and authorise the designated leader to sign any documentation required by the hospital authorities.

I give/do not give my consent for my child to be photographed and for any such photographs to be used in publicity /posters (please delete as appropriate)

Signed _____ **Date** _____

Print name _____

The information in this form will be treated as strictly private and confidential.

Please return to: Sailing Administrator, 6 Rymill Close, Bovington, Herts HP3 0JA