



# St Georges Day Camp 2023

## Consent, Medical and Activity Permission Form

Please fill this form in as fully as possible, as in the event of them requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. Please complete in BLOCK CAPITALS.

Camp Location **Cudham Shaws Outdoor Centre, 144 Cudham Lane  
North, Cudham, Kent. TN14 7QT**  
Grid Ref: **TQ444607**

From 21/04/2023	To 23/04/2023
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All activities will be run in accordance with the Safety Rules of the Scout Association. No responsibility for personal equipment, clothing and effects can be accepted by the camp organisers, and the Scout Association does not provide automatic insurance cover in respect of such items.

Surname of Participant	
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Personal Details

Date of Birth	DD-MM-YYYY
Home Address	
Post Code	
Telephone No	

Forename of Participant	
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Family Doctor Details

Doctor Name	
Address	
Post Code	
Telephone No	

We will always try to contact Emergency Contact 1 first, however if we are unable to do so we need another contact who you are happy for us to discuss you with.

Emergency Contact 1 Details	
Name	
Relationship	
Address	
Post Code	
Telephone No	
Father Mobile	
Mother Mobile	

Alternative Emergency Contact Details	
Name	
Relationship	
Address	
Post Code	
Telephone No	
Mobile No	

Additional Information

Date of Last Tetanus Injection	
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I understand that the Organiser of the Event reserves the right to send participants or adults home if necessary.

Print Name (Parent/Guardian if under 18 years)
Signature

Date
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# Consent, Medical and Activity Permission Form

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Surname of Participant

Forename of Participant

On any camp it is very important that we have the latest information about your child. Any illnesses that they have or any medicines that they are taking. In the spaces below please give details of the following:

1. Any Known Infectious Diseases or Virus with which they have been in contact, within the 14 days previous to the signing of this form (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough, Diarrhoea, Vomiting, Covid-19 etc)

2. Any Known Allergies / Sensitivities / Disabilities / Medical Conditions and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Period Pains, Asthma etc)

3. Details of any Medicines / Diets / Treatments currently being Taken / Followed (including dosage details) what condition is being treated & the Specialist / Hospital concerned if appropriate (include any non-prescription preparations, such as cough sweets, herbal medicines)

4. Details of any dietary requirements e.g. medical or religious

5. Any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements

Please note that PHOTOGRAPHIC and FILMING EQUIPMENT will be in use during the event. This is for Paccar Scout Camp records and promotional purposes. Parents should be aware that we cannot prevent you appearing in general photographs taken at the event and cannot control their use if taken by others.

Print Name (Parent/Guardian if under 18 years)

Signature

Date



# Medical & Permission Form – Under 18

[To be completed by a parent or guardian]

<b>Surname</b>		<b>Group</b>	
<b>First Names</b>	<b>Date of birth</b>	<b>Email Address</b>	
<b>Home Address</b> ..... ..... ..... ..... (if different on date of camp please use back of form)	<b>Parent/Guardians Name</b>	<b>Family Doctor's Name and Address</b> ..... ..... ..... .....	
	<b>Home Tel No.</b>		
	<b>Parent/Guardian Mobile</b>		

<b>Information for our onsite first-aider</b> (e.g. allergy to sticking plaster, dietary needs)	<b>Medical Conditions / Additional Needs</b>	
<b>Any prescribed medication to be taken during event/activity?</b> <small>(prescribed medication must have original pharmacy labels intact)</small>	<b>Will your child bring any non-prescribed medication to the event/activity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what?	

<b>Specific Consent</b> (tick box if you give your consent)	<input checked="" type="checkbox"/>
.177 Air Rifle Shooting – with a qualified instructor, a separate disclaimer overleaf must be signed by parent or guardian.	<input type="checkbox"/>
My son/daughter has my permission to take part in this event/activity and take part in its activities. I understand that the camp leader will always act to ensure the enjoyment and safety of everyone and therefore reserves the right to send any participant home.	<input type="checkbox"/>
I agree to inform the event/activity leader if any of the information on this form changes before the event/activity takes place.	<input type="checkbox"/>
If it becomes necessary for my son/daughter to receive medical treatment, and I cannot be contacted by telephone or any other means to authorise this, I give my general consent to necessary medical treatment and authorise a responsible adult delegated by the event/activity leader to sign documents required by hospital staff on my behalf.	<input type="checkbox"/>

**Photograph Policy**

During Durham Scout events and activities, members of our media team, other members of the Scout Association and members of the public may be taking still and moving pictures. Pictures used by Durham Scout County outside of the event/activity will only be used in accordance with Scout Association guidelines. Pictures taken by our media team may be used during and after the event/activity in Durham Scout or the Scout Association publications, and in local newspapers, on websites or in other media channels. Local newspapers and TV stations may also attend events/activities to provide external media coverage and members of the press will be accompanied at all times by a member of the event or activity staff/leader team. We will seek your specific permission if we wish to use your/your child's picture in any promotional or advertising material. Anyone attending any Durham Scout County event or activity, or giving permission for their child/ward to attend an event or activity should note that attendance at the event or activity signifies their consent for pictures of themselves/their child to be used in line with the above policy. If you have specific concerns in this regard, please contact the specific event/activity manager.

**Data privacy**

I consent to the personal information contained in this form relating to myself and my child, and my child's t-shirt size and information about their diet to be used for the purposes of administering the event, including; ensuring that the correct security wristband is assigned, correct t-shirt size ordered and meal options provided (where applicable to the event); for identifying who may or may not take part in .177 target shooting, for providing any necessary first aid or any necessary pastoral support. We will not use this data for any other purpose, except in anonymised aggregate form to provide statistics for historical reference. We will securely destroy this form after the event and we will delete this data one year after the event ends, unless your son/daughter is involved in a medical incident, in which case we shall keep the data and form for three years.

<b>Name of Parent/Guardian</b>	<b>Relationship to young person</b>
<b>Signed</b>	<b>Date</b>

# Declaration and Consent for Target Shooting

## (.177 Air Rifles)

[Each person MUST sign (or be signed for by parent or legal guardian if person under 18) having read the following declaration]

### Extracts from the Firearms Act 1968

#### 'Section 21'

(1) A person who has been sentenced (to custody for life or) to preventive detention, or to imprisonment or to corrective training for a term of three years or more (or to youth custody (or detention in a young offenders institution) for such a term), or who has been sentenced to be detained for such a term in a young offenders institution in Scotland, shall not at any time have a firearm or ammunition in his possession.

(2) A person who has been sentenced.... to imprisonment for a term of three months or more but less than 3 years (or to youth custody (or detention in a young offenders institution) for such a term), or who has been sentenced to be detained for such a term in a detention centre or in a young offenders institution in Scotland, shall not at any time before the expiration of the period of five years from the date of his release have a firearm or ammunition in his possession.

#### **This means:**

Section 1 prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of three months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not normally required. It also applies to the possession of other categories of firearms and ammunition such as AIRGUNS or shot cartridges for which a certificate is not needed. A sentence of 3 months to 3 years attracts a 5 year prohibition, shorter ones no prohibition but a longer one means a life ban.

### Parent's Consent

I, being the parent/guardian of the person named below, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies to persons who have served a term of imprisonment or youth custody) and give permission for the person named below to take part in Target Shooting (.177 Air Rifles).

<b>Name of Young Person</b>	
<b>Name of Parent/Guardian</b>	<b>Relationship to young person</b>
<b>Signed</b>	<b>Date</b>

### Activity Information and Parental Permission Form – Shooting

Activity Information - Air Rifle Shooting

Location of Activity:

Cudham Shaws Outdoor Centre, 144 Cudham Lane North, Cudham, Kent. TN14 7QT

Date: 22/04/2023