

3rd Wallasey Scout Group

(This form is for Scouts only)

Activity and Location: _____

Date of Activity: _____

Full name of Child: _____

I give permission for my son/daughter to attend the above activity.

If your son/daughter has any health issues which may affect their performance on the activity then please state below (e.g. ADD, ADHD, asthma, epilepsy). Please note this will not exclude them from the activity.

Any health issues:

.....
.....
.....

If your child is currently taking any medication, please state including dosage:

.....
.....
.....

Please tick here if you **do not** consent to photographs being taken of your child for publication (i.e. Group newsletters and the Group website).

Home Phone Number: _____

Emergency Contact Number: _____

Signed (Parent/carer): _____ Date: ___ / ___ / ___

THIS PERMISSION SLIP HAS BEEN DOWNLOADED FROM
www.3rdwallaseyscoutgroup.co.uk

