

**3rd Wallasey Scout Group**  
**Emmanuel Church, Seabank Road**

**TRIP DETAILS: Group Holiday; Old School Lodge, North Wales**

**DATES: Monday 22<sup>nd</sup> – Thursday 25<sup>th</sup> October 2007**

**GROUP & SECTION: 3<sup>rd</sup> Wallasey Cubs & Scouts**

**FULL NAME OF CHILD:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Emergency No:** \_\_\_\_\_

**Name of Next of Kin:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

In the event of an Emergency, if we are unable to contact you, please give details of someone else (**at an alternative address**) who can be contacted on your behalf:

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Declaration: to be completed only by the parent/guardian. I, the undersigned; (print name)**

\_\_\_\_\_;

• **Please tick here and provide full details overleaf if your child has or ever had:**

- 1. Heart trouble or raised blood pressure
- 2. Asthma, bronchitis, tuberculosis
- 3. Epilepsy, fainting, migraine, severe head injury
- 4. Nervous illness or psychiatric treatment (**Please state\***)
- 5. Diabetes
- 6. Hay fever or other allergy; such as **Sun Tan Lotion** (**Please state\***)
- 7. Fractures or tendon/ligament damage
- 8. Infectious disease
- 9. Special dietary needs or food allergies
- 10. Been treated by a Doctor, or in Hospital in the last 2 years
- 11. Takes any medication now, give details of what, dosage, and bring enough with you
- 12. Suffers from the following, other medical or physical condition

PLEASE TICK HERE IF IT IS **NOT** ACCEPTABLE FOR US TO PROVIDE A PLASTER FOR YOUR CHILD IF DEEMED NECESSARY BY THE FIRST AIDER PRESENT, i.e. a small cut.

**\* Please give any necessary additional information as stated overleaf:**

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

**ANY CHANGES TO THE INFORMATION OVERLEAF MUST BE NOTIFIED IMMEDIATELY**

- Please comment on your child's swimming ability: \_\_\_\_\_
- Date of last Tetanus \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

**Name of Doctor:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Doctor's Phone Number:** \_\_\_\_\_

**If you HAVE NOT ticked the 'allergy' box it will be assumed your son/daughter can use any standard Sun Lotion/Cream for self-administration.**

I give permission for my son/daughter to take part in the above visit/activity having read the information provided agree to his her participation in any or all of the activities described. I acknowledge the need for responsible behaviour on his/her part. Should this not be of the standard expected **I understand my son/daughter may be sent home.**

I understand that the activities involved may be strenuous and physically demanding. I declare the above information to be true and accurate and that my child is physically fit enough to participate fully, subject to the information above, as described.

**I understand that the leader in charge of the group will be acting in loco parentis**, and in the event of an accident **I agree to my son/daughter receiving emergency medical treatment** (which may include the use of anaesthetics and/or blood transfusions, as considered necessary by the medical authorities present). I undertake to inform the organizer as soon as possible of **any change in the medical circumstances** of my son/daughter between the date on which I complete the form and the commencement of the visit.

**I understand that the 3<sup>rd</sup> Wallasey Scout Group is insured in respect of its legal and public liabilities and personal accident cover through the Scout Association Insurance Services.**

During activities photographs may be taken of your child for display or publication.  
Tick the box if you DO NOT consent to this

**Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)