



**Group Camp and Sleepover - 15th to 17th May 2020
Beaver - Health and Permission Form**

Childs Name:

Name of Emergency Contact:
Phone No:

Beavers - My child wishes to go for 2 nights or 1 night *Tick one box*

Details of any disabilities, medical conditions, allergies or special needs:

Details of any medications currently being taken:

Details of any dietary needs: i.e. vegetarian or food allergies

If it becomes necessary for my child to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Parents/Guardians signature: _____ Date: _____

Please return by 28th February with a £10 deposit