



**Group Camp and Sleepover - 15<sup>th</sup> to 17<sup>th</sup> May 2020  
Cub and Scout - Health and Permission Form**

Childs Name:

Name of Emergency Contact:  
Phone No:

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 28<sup>th</sup> February with a £10 deposit**