



To the Cub Scout Leaders of the 5th Beckenham South Scout Group.

I hereby give permission for my child
To attend **WHITSUN CUB CAMP 2012.**

My child has / has not been away from home without his / her parents or guardian before.

I will be at home during the period of the camp and can be contacted at :

OR

I will be away from home during the period of the camp but may be contacted at :

(TICK ONE BOX AND COMPLETE DETAILS BELOW)

Name: Address: Tel. No.
Mob:

If I am unavailable please use this **alternative contact** :

Name: Address: Tel. No.
Mob:

I will notify you if my child comes into contact with any infectious diseases within three weeks prior to the event.

Any medication currently being taken and why :
(Medicines must be clearly labelled with child's name, name of drug, storage, dosage, etc.)

I allow Cub leaders to give my child non prescription medication under duty of care.

(Please delete below as appropriate if you do not allow)

Calpol, Piriton, Antihistamine cream.

My child can / cannot swim 50 metres in light clothing and stay afloat unaided for 5 minutes.

My child has specific dietary requirements EG; allergies / vegetarian / faith.

My child is allergic to (if different from dietary requirements).

I understand that if I should need to contact you in an emergency, I should do so through the group's **In Touch** system :

Signed:

Date:

