



# 1st Crownhill Scout Group

## Annual Permission Form

### Child's Details

Name:

Date of Birth:

Home Tel:

Address Line 1:

Address Line 2:

Postcode:

Email (only 14yrs+):

Ethnicity:

Disabilities:

If these are undiagnosed or still being assessed please make a note next to the disability

### Primary Contact Details

Name:

Email:

Phone:

Relationship to Child:

I live at the address provided above  Yes  No

I can be contacted in an emergency  Yes  No

### Second Contact Details

Name:

Email:

Phone:

Relationship to Child:

I live at the address provided above  Yes  No

I can be contacted in an emergency  Yes  No

### Medical & Dietary Information

Date of Tetanus Shot:

NHS Number:

Name of Doctor:

Name of Surgery:

Address of Surgery:

Doctor's Number:

Regular Medication:

Allergies (including foods and medicines):

Dietary Requirements:

## Non-Prescription Medication

At most activities, such as camps, a medical chest will be taken. This includes paracetamol or calpol, milk of magnesia and immodium. I agree that these may be given at my child's request and the leader's discretion.

Yes  No

## Use of Images

Sometimes photos and videos of members taking part in activities are submitted to the local newspapers, scouting publications, websites and displays or those organising events attended use photos and images for promotional purposes. Similarly, the Group may take photographs for its own records and displays, including Facebook. I agree that pictures of my child can be taken and used in this way.

Yes  No

## Swimming

The child named on this form can swim un-assisted, is able to tread water and can swim 50 metres if required. (Any swimming activities would be supervised by a suitably qualified lifeguard)

Yes  No

## Additional Agreements

I understand that the event leader reserves the right to send any participants home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by phone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the leader in charge of the activity to sign any document required by the hospital authorities. I undertake to advise the leader in charge if any of the above information changes or is different for a particular activity.

## Gift Aid

Gift Aid allows us to claim 25p for every £1 we receive, which is valuable money for the Group and won't cost you anything. If you are a non-UK Taxpayer, we cannot claim Gift Aid.

By ticking this box, I allow 1st Crownhill Scout Group to claim Gift Aid from the past four years and all future payments (excluding donations) until I advise otherwise. I confirm that I have/will pay an amount of UK Income and/or Capital Gains Tax at least equal to the amount the charity will reclaim in each tax year. (The parent/guardian would be the taxpayer, not the member.)

If you are non-UK taxpayers please put "NT" in the tick-box as we cannot claim gift aid.

Parent/Guardian's Name:

Date:

Parent/Guardian's Signature: