



Essex Explorer Scout Challenge 2010
20th – 21st March 2010, King Edward VIII Campsite (Riffhams)

Participant Health and Consent Form

This form is to be completed for each team member by their parent/guardian and returned to the Explorer Leader or Nominated Adult.

Participant Name	
Unit/District	
Home Address	
Date of Birth	
National Health Number	
Date of last tetanus immunisation	
Name/Address/Tel of GP	
Name/Address/Tel/Mob of Parent Guardian	
Details of any current illnesses or conditions	
Details of any current medication being taken	
Details of any known allergies to food or medication	
Details of any specific dietary requirements	
<p>I hereby give permission for my son/daughter/ward (as named above) to attend the above event under the responsibility of the Scouters in charge: Robin Inches (CESL Event Organiser) or Richard Baker (ACC Explorers).</p> <p>If it becomes necessary for my son/daughter/ward to receive emergency medical treatment during the event and I cannot be contacted by telephone or other practical means, I hereby give my consent to any necessary medical treatment and authorise the Scouters in charge (as above) to sign any document required by the hospital authorities.</p> <p>All information provided on this form is, to the best of my knowledge, up-to-date and correct.</p>	
Signed (Parent/Guardian):	Date:

Please continue any additional information overleaf as required.

Please note that photographs and video will be taken during this event for Essex Scouts Promotional Purposes and may appear on our County Website at www.essexscouts.org.uk