THE WOOLLY JUMPER

31st March – 2nd April 2017

PARTICIPANT HEALTH INFORMATION FORM

CONFIDENTIAL

Surname ______________________________ First Name ______________________________

Date of Birth ______________________________

Home Address including Postcode ______________________________

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Telephone Number ______________________________

Name of Unit ______________________________

HEALTH DETAILS (Please continue on a separate sheet if necessary)

Emergency Contact Name ______________________________

Emergency Contact Address including Postcode ______________________________

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Emergency Contact Telephone No ______________________________

GP Surgery ______________________________

GP Address ______________________________

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Medical Conditions ______________________________

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Allergies ______________________________

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Special Dietary Needs ______________________________

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Are you unable to take part in any of the following activities (please tick those that apply and give brief details)		
Activity	**Tick if applicable**	**Details**
Watersports		
Ropework		
Golf		
Archery		
Climbing/Abseiling		
Walking/Hillwalking		
Shooting		
Other	Please provide details	

Written parental permission is required before a participant may take part in target shooting activities.

Name of Participant:	
Group/Explorer Unit:	
Date of Birth:	
I hereby give permission for the above named participant to take part in air rifle shooting activities at The Woolly Jumper, 15th to 17th April 2016. All activities will be run in accordance with the Scout Associations regulations and permit schemes. I, being the parent/guardian of the young person named above, declare that he/she is not subject to restriction by virtue of Section 21 of Firearms Act 1968 (which applies only to persons who have been sentenced to a term of imprisonment or youth custody).	
Parent Name:	
Signed:	

Are you able to swim 50mtrs and stay afloat for five minutes in light clothing **Yes** ☐ **No** ☐

Please note the following:

- The law of the camp is the Scout Law is kept in the spirit of the movement.
- Should you choose not to abide by the law, the Camp Chief reserves the right to request you leave the camp, with the appropriate adult supervision.
- The Camp Chief or his deputies, have permission to authorise any medical treatment on the advice of qualified medical staff.
- Photographs will be taken throughout the weekend, these will be used for future publicity and will be on display on our website and Facebook page. Should you not wish your son/daughter to be photographed then please tick here ☐
- If it becomes necessary for the above named young person 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.

Signature of Parent ______________________________

Parent Name ______________________________

Relationship to Participant______________________ Date ______________________

Web: WWW.THEWOOLLYJUMPER.ORG.UK
Email: INFO@THEWOOLLYJUMPER.ORG.UK