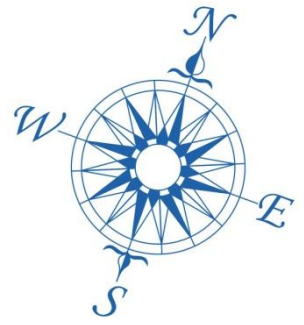


12th Didcot Sea Scouts Camp Order Form



Name of Camp	
Camp Leader	
Camp Leader Phone Number	
Dates of Camp	
Camp Location	
Activities	

All activities will be run in accordance with The Scout Association's safety rules. No responsibility for the personal equipment/clothing and effects can be accepted by the camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Name of person attending	
Date of Birth	
Parent Name	
Telephone Number	
Emergency number during the event	
Doctors Name	
Doctors Address	
Doctors Telephone number	
Has she/he been in contact with any infectious diseases within the last 3 weeks?	
Date of last tetanus immunisation	
Medicines currently being taken?	
Does she/he have any special dietary needs?	
Does she/he have any allergies to food, medicines or other?	
Does she/he have any special needs?	

The cost of this camp is £_____, for payment details please see the website or speak to the section leader. I enclose _____ payment by cheque or online via the website

I understand that the Camp 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 telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scout Leader in charge of the camp to sign any document required by the hospital authorities.

Leaders phone numbers, home contact details, directions and timings will be sent to you a week before the event.

Signature of parent/guardian: Date: