



PERSONAL INFORMATION

I give my permission for.....(name of Scout) to take part in
..... , from / / to / / . I understand that the Leader reserves the right to
send home any participants if necessary. If it becomes necessary for to
receive medical treatment and I cannot be contacted by telephone or any other means to
authorise this I give my general consent to any necessary medical treatment and authorise the
Scouter in charge to sign any document required by the hospital authorities. During the event I
can be contacted on (telephone number).....

Signed.....(Parent or Guardian)

Dated.....