

Swanley District Scouts

GENERAL INFORMATION



Name of Child	
---------------	--

It is extremely important that all parts of this form are completed as accurately as possible.

Event Title	
-------------	--

Dates	From	To	Day of the Week	Day	Month	Year

Venue	
-------	--

PARENTAL CONSENT

I hereby give permission for my child (named above) to attend this residential experience. I have read the information sheet / spoken to the leaders and give permission for my child to take part in the planned activities

I also consent to all of the following*:

My child may bathe / swim under supervision

My child may take part in adventurous activities, including Air Rifle shooting

*Please strike through any that you do not give your consent for.

Parent / Carer's Signature		Date	
----------------------------	--	------	--

NEXT OF KIN

Name/s	
--------	--

Address	
---------	--

Phone No.s	
------------	--

OTHER INFORMATION

Can your child swim fifty meters and tread water? Yes No

Please state any other information which may help the organisers to plan and run this camp in a safe / enjoyable manner. This might include details of special needs, disabilities, bed-wetting, travel sickness, sleep walking etc.

--