

Polaris Explorer Scouts Summer 2017 Activities Consent Form

Activity	Walk, Climbing Wall, Abseiling, Canoe, Kayak, Bike Ride and all indoor activities
Activity Location	As per programme
Activity Date Depart	As per programme
Activity Times	As per programme
Leader Contact	John Barratt 07847899178, johnbarratt12@gmail.com
Equipment	As per Summer programme
Additional info	As per Summer programme
Cost	Included in Monthly Subscriptions, unless stated otherwise

You will not be able to participate without signed consent

Please update us if any of the details below change in the future

Name of Participant	
Activity	Walk, Climbing Wall, Abseiling, Canoe, Kayak, Bike Ride and all indoor activities
Contact Address	
Contact Tel.	
Emergency Contact Tel.	(If different from above)
Doctors Name	NHS Number
Doctors Address	
Doctors Tel.	
Medical Details / Special Diet	

He/ she is in good health and I consider him/her to be capable of taking part. I understand that should medical treatment become necessary every effort will be made to obtain my consent. However in an emergency, I authorise the party leaders to consent on my behalf to any medical treatment which a qualified doctor feels is needed (this could include inoculations, blood transfusions, surgery or the use of anaesthetics). I have written above full details of any recent illness or medical condition of which the party leader should be aware, including details of medication and / or special diet.

Photographs will be taken during some activities for promotion of the Unit, presentation evenings etc. If you have any concerns or do not wish for photographs to be taken of your son/daughter, please write to me by the 1st June 2017

Signed	Date
Parent/Guardian	