



PERMISSION TO CAMP FORM

SCOUTS EXPLORERS

Kayak & Canoe Training

Name: UNIT:.....

Address:
.....

Phone No: Date of Birth:

Please note that all correspondence will be by email so please add below

E.mail Address:

Give Details of Previous Paddling Experience.....

- 1. I give my permission for my son/daughter to attend BCU Training Courses
- 2. Cost : £25 CHQ GRAVESHAM DISTRICT EXPLORERS
- 3. Dates are Sunday 6th, Sunday 13th, Sunday 27th March, Saturday 2nd April
Canoe expedition training camp 8th-10th April
and this is how I can be contacted during the session :
.....
- 4. He has the following/has not any disabilities, allergies or sensitivities etc:
.....
- 5. Details of any Medication:
- 6. Date of last Tetanus injection:
- 7. Blood Group (if Known)
- 8. Name & address of G.P.:
- G.P. Tel No:.....
- 9. National Health Service No (if known):
- 10. Should it become necessary for my son/daughter to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent for any necessary medical treatment to be given and authorise the Leader in charge to sign any document required by the medical authorities.

Signed Parent/Guardian: Date:

Name (Printed):

Please add any extra or relevant details on back of this form - please tick here if you have ()

For more details on returning this form please contact canoecub@graveshamexplorers.org.uk .

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This is organised by a BCU Coach L3