



# VICTORIA SCOUT GROUP

*Sta Domenica Street, Victoria, Gozo.*

*Tel: 21 55 64 97*

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## **CAMP APPLICATION FORM PARENTS' CONSENT**

To the *Group Scout Leader*,  
*Victoria Scout Group*,  
Santa Domenica Street,  
Victoria – **Gozo**

I the undersigned, give my permission to my son \_\_\_\_\_ to  
attend \_\_\_\_\_ from the \_\_\_\_\_ which camp will be held at \_\_\_\_\_.

On behalf of my son, I am enclosing the camp fee of \_\_\_\_\_.

\_\_\_\_\_  
Parent's or guardian's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (day/month/year)

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Any Remarks::



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## CONFIDENTIAL

Parents are requested to fill in this medical form with great care. The details requested are intended to safeguard the health of our members during our activities. The information given will remain confidential and will be passed on only to the Scouter in charge of the section.

## HEALTH FORM

Scout's name: \_\_\_\_\_ Age: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Mark  where applicable, if your son has any of the conditions listed below:

Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	Chest infections	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Nose Bleeds	<input type="checkbox"/>
Ear infection	<input type="checkbox"/>	Stomach pains	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	Sleep walking	<input type="checkbox"/>
Bed Wetting	<input type="checkbox"/>				

Pain during exercise?

Pain?	<input type="checkbox"/>	Breathlessness	<input type="checkbox"/>	Extraordinary tiredness	<input type="checkbox"/>
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Allergies?  If the answer is yes, please indicate :

Antibiotics	<input type="checkbox"/>	_____
Other medicines	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	_____

Any other condition which is not listed above ? \_\_\_\_\_

Is your son taking any medicine right now? \_\_\_\_\_

When did he get his last Tetanus injection? \_\_\_\_\_

**Declaration:** All the information given above is, as far as I know, correct.

- In case my son has any problems in connection with the above conditions, I suggest that : \_\_\_\_\_
- If in the case of an emergency, you cannot contact me, I give my permission to the Scouter in charge to take my son to the doctor or to the hospital for any necessary medication. Our family doctor is Dr \_\_\_\_\_ Tel: \_\_\_\_\_

I declare that I have read this form carefully and understand that if it is not filled correctly, this may effect my son negatively. Therefore I exempt the Victoria Scout Group and any of its leaders from any responsibility regarding any consequences which may result due to my not filling this form properly.

\_\_\_\_\_  
Parent's or guardian's signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (day/month/year)