



**WILTSHIRE SCOUT AIR ACTIVITIES  
FLYING PERMISSION FORM (GLIDING)**

Dear Parent/Guardian,

In order that we can run the activity described below so that it is enjoyed by all those who take part, we need to know of any special needs, allergies, disabilities, etc., that your son/daughter may have which could affect their participation.

Some of this information may also be needed to meet safety requirements and for insurance purposes. The activity described below may well be run by experienced leaders/instructors other than the nominated activity leader and we need to be able to tell them of anything that might affect their ability to run the activity safely.

This form has to be fully completed by the Parent/Guardian and forwarded to the Event Leader before or upon arrival at the activity venue. ....No signed form – sorry no activity

**Part 1. Personal Details**

Name of Young Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Part 2. Event**

Date and Venue- to be advised

*I have noted the arrangements contained within this permission and agree to the named young person taking part. I also understand that the event Leader reserves the right to send any participants home if deemed necessary.*

**Part 3. Emergency Contact**

Your first name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Your Contact Address \_\_\_\_\_

Tel No :( Daytime) \_\_\_\_\_ (Evening if different) \_\_\_\_\_

**Part 4. Doctor's Details**

Doctors name \_\_\_\_\_ Surgery Telephone Number \_\_\_\_\_

Surgery Address \_\_\_\_\_

**Part 5. Details of Medical Conditions and Allergies**

Date of last Anti-Tetanus injection \_\_\_\_\_

Does the participant have any allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the participant have any special medical or dietary needs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the participant need special treatment in the event of injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the participant receiving any medical treatment at present?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the participant suffer from fainting, travel sickness, vertigo, joint or other pains or mobility,problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Is the participant allergic to things like antibiotics/foodstuffs/etc?

Yes

No

Is the participant Asthmatic or prone to breathlessness?

Yes

No

Notes:

- Please tick in the appropriate box(s) above
- If Yes to any or all of the last seven questions, please provide details on the reverse of this form.
- The answers to the questions above and any additional information given on the reverse of this form are important. On some occasions it may mean that it would be ill advised to take part in this particular activity. On other occasions closer supervision may be necessary to make sure the young person can still get the maximum enjoyment from the activity.

(Please note that no Scout should fly if they suffer from severe asthma attacks, giddiness, currently have flu or cold symptoms or blocked ears or are under specific medication which may affect them at altitude.

### Part 6. Emergency Permission

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

I have read this form and fully understand that the activity camp may include flying in light aircraft /or microlight aircraft as part of its programme. During the Course of this particular event, publicity filming and photography will be taking place. If you have an objection to your son/daughter being part of this, please make the activity administration aware ASAP.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to young person \_\_\_\_\_

Notes:

- Please add any additional information, which you feel that we should also be aware of on the reverse/at end of this form.
- Day activity events are self catering. However if advised otherwise, please be sure to bring YOUR own eating kit (Knife, Fork, Spoon, and include plate, dish, and mug, - all with your name marked)
- if you need a list of things to bring for the activity - it will be separate from this form and given to you by your team/Scout Leader.
- All activities will be run in accordance with The Scout Association's safety rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement above. At the same time, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand to sign forms required by the medical authorities.