

# Activity Information Form



## 1<sup>st</sup> Lacock Cub Scouts

**Event:** Night Hike. **Date:** 10<sup>th</sup> Feb 2017

**Location:** Chippenham to Lacock

**Meeting place and time:** Pewsham Shops, Chippenham (behind the Old Lane Pub) SN15 3SY at **18:00**

**Collection place and time:** Lacock Village Hall, **21:30**

**Cost:** None

**Transport details:** Provide own

**Wear / Bring:** All cubs must bring waterproof coat and trousers, warm clothing, hat, gloves and a pair of boots suitable for walking or wellies – please bring a torch, drink and a snack bar

**Further details:** It could be muddy and wet !

**Organiser and contact details:** Keith Holloway 07884476931

**Contact details during the event:** Home Contact – Jane George 07968 279381

*Please keep this section for your own information, and detach and return the section below.*

**Note:** 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.

Please complete and return this section to Cubs by 3<sup>rd</sup> Feb 2017

**Name of young person:** ..... **D.o.B:** .....

**Event:** Night Hike Feb 2017

*I have noted the arrangements above and agree to the named young person taking part.*

**Emergency contact:** ..... **Phone Number:**.....

**Doctor's name and contact details:** ..... **Details of any medications currently being taken:** .....

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:** ..... **Details of any infectious diseases he/she has been in contact with in the last three weeks:** .....

*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.*

**Signed:** ..... **Date:** .....

**Relationship to young person:** .....

*Please use the space below if more space is required*

**Note:** 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 or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.