

Nights Away Information Form



Event: Summer Camp 2017 **Dates:** 14-16 July 2017

Location: Woodhouse Park, Fernhill, Almondsbury, South Gloucestershire, BS32 4LX

Meeting place and time: Woodhouse Park Scouting Centre - Fri 14th July 18.00

Collection place and time: Woodhouse Park Scouting Centre - Sun 16th July 15.00

Cost: £25

Transport details: OWN

Activities: TBC – will include site led Air Rifle Shooting

Further details: Parents are requested to help put up tents on Friday and also help take them down on Sunday. Cubs will be taking part in a Rifle Shooting Activity and are required to have a specific consent form signed. Please park by the main entrance and walk down to pitch S6 with the Cubs.

Organiser and contact details: Keith Holloway 07884476931

Contact details during the event: TBA

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

PTO

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 30th June

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

Event: Summer Camp 2017

I enclose a cheque / cash / will pay online for £25 (please makes cheques payable to 1st Lacock Scout Group, or contact Baloo for online payment). I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.

Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? Yes / No

Emergency contact: **Phone:**

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 event: **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 back of this form 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.