

# Nights Away Information Form



**Event:** Dragon Night **Dates:** 02/12/2011 – 03/12/2011  
**Location:** Goytre Scout Headquarters **Cost:** £1  
**Meeting place and time:** Goytre Scout Headquarters after 8pm  
**Collection place and time:** Goytre Scout Headquarters 09:30 Saturday  
**Transport details:** n/a  
**Activities:** Camp Fire  
**Further details:**

**Organiser and contact details:** Simon Fairless – 07866 457207 – [simon@freespiritesu.org.uk](mailto:simon@freespiritesu.org.uk)

**Contact details during the event:** Simon Fairless, Richard Perry (07816 324406)

*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 **Simon Fairless** by **02/12/2011**

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

**Event:** Dragon Night

*I enclose a cheque / cash for £ ..... (please make cheques payable to FreeSpirit ESU )  
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.