

# Activity Information Form



## Rugby Wales vs Fiji

**Event:** **Date:** 15<sup>th</sup> Nov 14

**Location:** Cardiff Millenium Stadium

**Meeting place and time:** 1:45pm for a 2:30pm kick off at gate 6 on Park street (not too far from the train and bus stations).

**Collection place and time:** outside the same gate (Gate 6) at 4:30pm

**Cost:** Paid

**Transport details:** Own transport

**Wear / Bring:** Wales top and a necker

**Further details:**

**Organiser and contact details:** becky@kimonodragons.org.uk or call on 01495616057. On the day you can get hold of me at 07843922978.

**Contact details during the event:**

*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 \_\_\_\_\_ by \_\_\_\_\_

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

**Event:**

*I enclose a cheque / cash for £ \_\_\_\_\_ (please make cheques payable to \_\_\_\_\_ )  
I have noted the arrangements above and agree to the named young person taking part.*

**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 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:** \_\_\_\_\_

**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.

Relationship to young person: .....

*Please use the back of this form if more space is required*