Nights Away Information Form



Event:	Summer Camp 2011 - CamJa	m Dates:	30 th July 2011 – 6 th Aug 2011
Location:	Huntingdon Race Course	Cost:	£250
Meeting place and time:	"The Hut" Glen Llwyd, Cwmbr	an 9am	
Collection place and time:	"The Hut" Glen Llwyd, Cwmbr	an 5pm	
Transport details:	Mini bus & Van		
Activities:	Jamboree		
Further details:			
Organiser and contact details	Richard Perry 0781632	4406 richard@freespirite	su.org.uk
Contact details during the event: Richard Perry 07816324406 Rosie Perry 07792594353			
Please keep this section for your own information, and detach and return the section below.			
Note: All activities will be run in accordance the organisers and The Scout Association de	e with The Scout Association's safety Rules. oes not provide automatic insurance cover in	No responsibility for the personal en respect to such items.	equipment/clothing and effects can be accepted by
Please complete and return this section to Rosie Perry by 18 th July 2011			
Name of young person:		D.o.B:	
Event: Summer Camp 2011 - CamJam			
I enclose a cheque / cash for £ (please makes 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 d	letails:	Details of any medicati	ions 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	n:	Please use the	ne 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.