

# CAMP/HOLIDAY INFORMATION

*This part to be kept by parent/guardian. Please complete legibly in black ink.*

Please return the lower section of this form, completed

and signed by

(date): .....12<sup>th</sup> Feb

to the Camp Leader (name): ...Simon Fairless.....

Address: ...6 Greenwood Drive.....

.....Henllys.....

Telephone number: ...01633 861002.....

For (name of Group): ...FreeSpirit ESU.....

The (name of event): ...Reunion Camp

Will take place at (postal address):

...1<sup>st</sup> Gilwern Scout Hut.....

.....

From (date): ...12<sup>th</sup> Feb.....

To (date): .....14<sup>th</sup> Feb.....

Meeting at: ...Gilwern Scout hut

At (time): .....7pm .....

Will require pick up from hut at 2pm on the Sunday

The Home Contact if necessary is

Name:.....Wendy Mustow.....

Address: ...59 Daffodil Court, Ty Canol,Cwmbran .....

Tel: 01633 872491 or 07768 995545

Additional information about the event and activities:

.....

.....

Simon / Mike will have his mobile switched on every day.

Number – 07866 457207 or 07814 893517

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 camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

*This part to be returned to the Leader*

I give permission for

(name of child): .....

to attend the camp/holiday at: .....Reunion Camp

.....

from: .....12<sup>th</sup> Feb

To: .....14<sup>th</sup> Feb.....

Has she/he been in contact with any infectious

diseases within the 3 weeks?:

.....

Date of last tetanus immunisation: .....

Medicines currently being taken: .....

Does she/he have any allergies to food, medicines or other?

.....

Does she/he have any special dietary needs?

.....

Does she/he have any special needs? Please continue overleaf if necessary:

.....

She /he can/can not swim 50 metres and tread water. She/he may/may not bathe under careful supervision.

Name, address and telephone number of own Doctor:

.....

.....

Date of birth: .....

During the event I can be contacted in an emergency at:

.....

Telephone number: .....

I understand that the Camp Leader reserves the right to send any participants home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the camp to sign any document required by the hospital authorities.

Signature of parent/guardian .....

Date: .....

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.