

# CAMP/HOLIDAY INFORMATION – FreeSpirit Explorers

*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): ...11 December 2010.....  
to the Camp Leader (name): ...Rosie Edis.....  
Address: .....  
.....  
Telephone number: ...07792 594353.....  
For (name of Group): ...FreeSpirit ESU.....  
The (name of event): ...Dragon Night & Bonfires.....  
Will take place at (postal address):  
...Blaen Bran Woods.....  
...(map on our website).....  
From (date): ...11 December 2010.....  
To (date): ...12 December 2010.....

Meet at Venue  
At ...14:00...at the Chapel gate entrance.....  
Pickup from same venue at approx. ...09:00.....  
The Home Contact if necessary is  
Name: ...Cerys Hands.....  
Address: ...1 Museum Court, Griffithstown NP4 5GZ.....  
Tel: ...07811 322048.....  
Additional information about the event and activities:  
We are helping the Blaen Bran Trust(?) to clear an area of the  
woods by burning stuff! We will finish the evening with a bonfire  
and cook out. Food will be provided for the Saturday night, but  
not Sunday morning.

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: .....  
...Blaen Bran Woods.....  
from: ...14:00 11 December 2010.....  
To: ...09:00 12 December 2010.....  
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.