

Nights Away Information Form



Event: Survival Camp **Dates:** 24 – 25 March 2012
Location: Blaen Bran Woods **Cost:**
Meeting place and time: Cwm Carn Scenic Drive Centre, 10am
Collection place and time: Turning Circle below Blaen Bran Woods, 9am
Transport details: n/a
Activities: Survival Skills and Overnight Camp
Further details:
Organiser and contact details: Simon Fairless 07866 457207
Contact details during the event: Simon Fairless 07866 457207, Mike Gibbs 07814 893517, Alex Paul 07527 624594

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 Simon or Mike by 24 March

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

Event: Survival Camp

*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.

Survival Camp – Suggested Kit List

- | | |
|--|---|
| <input type="checkbox"/> Warm sweater, jumper, sweatshirt, fleece | <input type="checkbox"/> Full Waterproof's |
| <input type="checkbox"/> T-shirt or thermals | <input type="checkbox"/> Sleeping bag |
| <input type="checkbox"/> Trousers (not jeans) and thermals | <input type="checkbox"/> Ground sheet |
| <input type="checkbox"/> Spare underclothes | <input type="checkbox"/> Plate, bowl, bowl, mug and cutlery |
| <input type="checkbox"/> Spare thick socks | <input type="checkbox"/> Tea towel |
| <input type="checkbox"/> Hike boots or strong shoes | <input type="checkbox"/> Towel(s) |
| <input type="checkbox"/> Training shoes | <input type="checkbox"/> Torch and spare batteries |
| <input type="checkbox"/> Orange survival bag / large plastic bag, bivi bag | <input type="checkbox"/> Personal first aid kit |
| <input type="checkbox"/> Penknife or similar, wire saw, trowel | <input type="checkbox"/> Personal; washing requirements |
| <input type="checkbox"/> 1-2 old baked bean tins | <input type="checkbox"/> Rucksack |
| <input type="checkbox"/> Newspaper, Foil | <input type="checkbox"/> Hammock & Tarp (<i>Optional</i>) |
| <input type="checkbox"/> Candle, matches | |
| <input type="checkbox"/> 2-3 black bin bags | |

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