

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): ...13 November 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.....
Will take place at (postal address):
...Goytre Scout Headquarter.....
...(map on our website).....
From (date): ...13 November 2010.....
To (date): ...14 November 2010.....

Meet at Venue
At ...20:30.....
Pickup from same venue at approx. ...09:15.....
The Home Contact if necessary is
Name: ...Martyn Walters.....as ...District Commissioner.
Address: ...33 Hendre Court, Henllys, Cwmbran, NP44 6EW.....
Tel: ...07811 451391.....
Additional information about the event and activities:
We will be going straight to Remembrance Day Parade at St
Gabriels Church, Old Cwmbran on Sunday Morning so please
make sure you bring Full Uniform including smart shoes with
you to change into in the morning. You will also need to bring
some breakfast with you. There will be stoves available.

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:
...Goytre Scout Headquarter.....
from: ...20:30 13 November 2010.....
To: ...09:30 14 November 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.