

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):6th April 09.....

to the Camp Leader (name): ...Mike Gibbs.....

Telephone number: ... 01495758175.....

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

The (name of event):Easter Camp 2009.....

Will take place at (postal address):

... *Clogwyn Centre*

Llandegai Rd, St Deiniol, Bangor

.....

From (date): ...10th April 09.....

To (date):13th April 09.....

Leaving from (place): Normal Meeting Hut.....

At (time): ...1:30pm Friday 10th April

We will arrive home around: 6pm Monday 13th April.

The Home Contact if necessary is

Name:Martyn Walters.....

Tel: ... 01633 861412

.....

Additional information about the event and activities:

This is an activity weekend – please adhere to the kit list.

If you have any queries, please ring a leader.

.....

Leaders will have mobile switched on all weekend

Number – Mike 07814893517 Sarah 07968525606

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:

.....Easter Camp 09.....

from: ...10th April 09.....

To:13th April 09.....

Has she/he been in contact with any infectious
diseases within the 3 weeks?:

.....

Date of last tetanus immunization:

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:

.....

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.

1/2 Camp/Holiday Information © The Scout Association 1999 – Item code: FS120082 April 97 Format revision Jan 2000

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