

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): Please bring with you on day (29th May)

to the Camp Leader: Simon Fairless

Telephone number:

For (name of Group): FreeSpirit ESU

The (name of event): Dragon Award (May)

Will take place at (postal address):

Goytre Scout and Guide Hut

Goytre

From (date): 29th May 09

To (date): 30th May 09

Meet at Scout Hut (Directions on website)

At: 6:30pm Friday 29th May

Pick up: 11:30am Saturday 30th May

The Home Contact if necessary is

Name: Martyn Walters

Tel: 01633 861412

Additional information about the event and activities:

Please adhere to the kit list provided.

For any additional details please contact Becky or Ethan on:

Becky: 07547446996

Ethan: 07896183722

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 and Guide Hut

from: 29th May 09

To: 30th May 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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