Activity Information and Consent Form

2nd 60th Leicester Scout Group

Event: Various events outside of 2nd 60th HQ
Each term you will receive a programme from your section leader, which is emailed to you. Some of the activities are outside of the hut at various local venues. These will be during the normal section times with perhaps a slight amendment of which you will be informed.

Meeting place and time: All meeting times and places will be confirmed prior to each event.

The purpose of this form is to reduce the need for separate consenting paperwork to be completed for each trip away from our Headquarters.

We will never take your children away from the HQ without your prior knowledge. You will always be advised, in advance, of delivery and collection times, location and travel arrangements and of a 'home contact' if relevant.

Organiser and contact details: Louise Dowell – Beaver Leader - 07886212190
Susanne Pickering – Cub Leader - 07912760063
Steve Dowell – Scout Leader - 07723053359

Please keep this section for your own information, and detach and return the section on the next page.

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 the Section Leader

Name of young person:
DOB:

Event: Activity Consent Form

I agree to the named young person taking part in all activities organised by the 2nd 60th Leicester Scout Group and understand I will be given advance notice of events including timing, location and travel arrangements.

Contact Name (in order of priority)	Mobile	Landline	Relationship to child

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 activity:

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:**