

# Nights Away Information Form



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0845 300 1818

## Introduction

This form has been drafted to help Leaders by providing a template on which information can be given to parents and carers and their permission obtained for residential events. Furthermore it also provides Leaders with important and up-dated information regarding the young person.

The nature of residential events will vary from Section to Section ranging from an indoor sleepover for Beaver Scouts to greenfield summer camps for Explorer Scouts. Therefore some changes may be necessary to the type of information that is required. To allow this flexibility this form is provided as a Microsoft Word document, allowing Leaders to add, delete and amend information as is required for each residential experience. It is recommended you keep a copy of each form you send out to remind you of the information you have given.

## How To Use

To add information before printing simply click on each grey box and type the information you need. The area under 'Camp / Holiday Information' is there to allow you to brand the form to your Group / Section. If you type more than one line in a box it will expand to include all the information, however you may wish to change the spacing at other points to ensure all the information still fits on the page. Alternatively you can print the form as it is and fill in the details by hand. The grey boxes you see online will not show when printed.

If you wish to fill in and email the form without this page, you can find the form on its own at [www.scoutbase.org.uk/ps/activities/fs120082.doc](http://www.scoutbase.org.uk/ps/activities/fs120082.doc).

## Further Information

Some activities have specific Rules and guidance. You should check whether these apply by looking at the factsheets:

FS120084 Scout Led Activities Index

FS120086 Commercially Led Activities Index

Or alternatively visit the A-Z of Activities at [www.scouts.org.uk/activities](http://www.scouts.org.uk/activities)

# Nights Away Information Form



Event: **Group Camp**    Dates: **19<sup>th</sup> – 21<sup>st</sup> May 2017**    Location: **Blackwell Adventure**

Meeting place and time:    Blackwell Adventure    After 18:00 hrs Friday 19<sup>th</sup> May

Collection place and time: Blackwell Adventure    After 18:00 hrs Sunday 21<sup>st</sup> May

Cost: £50-£60    TBC

Transport details:    Parents

Activities: Various

Further details:

Organiser and contact details: Paul Bennett, GSL, 07803 015344

Home Contact and contact details:

Please keep this section for your own information, and detach and return the section below. PTO

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 of such items.

Please complete and return this section to \_\_\_\_\_ by \_\_\_\_\_

Name of young person: \_\_\_\_\_ D.o.B: \_\_\_\_\_

Event:

I enclose a cheque / cash for £ \_\_\_\_\_ (please make cheques payable to \_\_\_\_\_)  
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.