

Nights Away Information Form



Event: **Hellens, Fund-raising, working camp 11th & 12th June 2016**
Location: **Hellens Garden festival, Much Marcle.**
Meeting place and time: **Hellens, Much Marcle Saturday 11th June 08:45**
Collection place and time: **Hellens, Much Marcle Sunday 12th June 17:15**
Cost: **Nil**
Transport details: **To and from site by parents.**

Activities: **Car-parking duties, with a backwoods camp, BBQ & games**

Further details: **See website**

Organiser and contact details: **Paul Bennett, Group Scout Leader. 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 to such items.

Please complete and return this section to _____ by _____

Name of young person: _____ D.o.B: _____

Event: **Hellens Camp**

I enclose a cash for **£ 0.00** **Cash only please.**)

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.