

Nights Away Information Form

1st Stotfold Scout Group, Biggleswade & District, Bedfordshire

Scout Headquarters, Baldock Road, Stotfold, Hitchin, Herts, SG5 4PB

An electronic copy of this form can be completed at www.stotfoldscouts.org.uk/forms Updated: March 2011



Leader's Details	Please retain the top part of this form for your information and return the bottom part your Leader.		
Section:			
Name:		Telephone:	
Address:			
E-Mail Address:		Mobile:	
Home Contact: (if appointed)		Telephone:	
Event Details	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.		
Name of Event:			
Venue:			
Leaving from:			
Start Date:		Start Time:	
Finish Date:		Finish Time:	
			The cost of the event is £



This part of the form to be returned to the Leader by			
I give permission for (name of young person)			NHS Number:
to attend the event			Date of Birth:
Emergency Contact	1	2	3
Name:			
Telephone Number:			
Young Person's Information For any "Yes" responses, please write details overleaf		Doctor's Details	
Have they been in contact with any infectious diseases within the last 3 weeks?	Yes No	Name:	
Are they taking any medication?	Yes No	Address:	
Do they have any special dietary needs?	Yes No		
Do they have any disabilities, conditions, allergies, special needs or cultural needs?	Yes No	Telephone:	
Date of last tetanus immunisation			
My child <u>can/cannot</u> swim 50 metres and tread water	My child <u>may/may not</u> bathe under careful supervision		

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.

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Child 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.

Signature:

Date:

Relationship to young person:

1st Stotfold Scout Group

W: www.stotfoldscouts.org.uk

Group Scout Leader: Nick Peace 7 The Crofts, Stotfold, Hitchin, Herts, SG5 4ND **T:** 01462 639356 **M:** 07934 625573 **E:** npeace@rmpc.co.uk

Patron HM The Queen **President** HRH The Duke of Kent **Founder** Robert Baden-Powell OM **Chief Scout** Lt Cdr (Hon) Bear Grylls RN

Registered Charity no. 1026994