

Camp/Holiday Information Form

1st Stotfold Scout Group, Biggleswade & District, Bedfordshire
 Scout Headquarters, Baldock Road, Stotfold, Hitchin, Herts, SG5 4PB
 Website: www.stotfoldscouts.org.uk E-mail: admin@stotfoldscouts.org.uk



Name of Section	1st Stotfold Ridgway Scout Troop		
Leader's Name	Nick Peace		
Leader's Address	7 The Crofts, Stotfold		
Leader's Email	npeace@rmplc.co.uk	Leader's Tel	01462 639356
Name of Event	Children in Need & Scout Hut Activity Camp		
Will take place at	The Scout Hut		
Start date & time	6:30pm on Friday 14th November 08	Finish date & time	1:00pm on Sunday 16th November
Leaving from	The Scout Hut	Is transport required?	No
Cost	£10	With a deposit of	
		To be paid by	Monday 10th November
Home Contact			

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 is to be completed and returned to the leader by Friday 6th June. OK to bring to camp and give to Leader

I give permission for
 (name of child):

to attend the camp/holiday at:

from:

To:

Has she/he been in contact with any infectious
 diseases within the 3 weeks?:

Date of last tetanus immunisation:

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:

She /he can/can not swim 50 metres and tread water.
 She/he may/may not bathe under careful supervision.

Name, address and telephone number of own Doctor:

National Health Number:

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 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.

1st Stotfold Scout Group

Group Scout Leader: Peter Cheney, 59 Hitchin Road, Stotfold, Hitchin, Herts, SG5 4HT
Tel +44 (0)1462 638895 **email** admin@stotfoldscouts.org.uk **website** <http://www.stotfoldscouts.org.uk>
Patron HM The Queen **President** HRH The Duke of Kent **Founder** Robert Baden-Powell OM **Chief Scout** Peter Duncan
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