

NIGHTS AWAY PERMISSION FORM



Event: January Hag Dyke **Dates:** 16th to 18th January 2015
Location: Hag Dyke, Kettlewell
Meeting place and time: 20:00 Friday 16th January 2015 at the main car park in Kettlewell
Collection place and time: 15:00 Sunday 18th January 2015 at the main car park in Kettlewell
Cost: £35
Transport details: Own transport to Kettlewell to be arranged
Organiser and contact details: Michael Ackroyd, email spider10@virginmedia.com
Home Contact and contact details: Robin Beaumont, 01943 607021 / 07850 093472

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 Scouts by Friday 19th December 2014.

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

Event: Hag Dyke January 2015

I enclose a cheque / cash for £35 (please make cheques payable to 1st Ben Rhydding Scout Troop). 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:**

The Event Leader (or in their absence one of the Assistant Event Leaders) may administer the appropriate minor treatment/precautions (as listed below) if required, in addition to First Aid. Please tick the treatments you are happy to be administered.

Headache Calpol/paracetamol Bites or stings Biteeze
Blisters Blister plasters

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.