

Nights Away Permission Form



Event: SUMMER CAMP 2018 **Dates:** 28th July– 4th AUGUST 2018

Location: UPPERTOWN FARM, off the B5035, CARSINGTON WATER, KNOCKERDOWN, ASHBOURNE, DE6 1NQ

Meeting place and time: 1st Ben Rhydding Scout Hut 9.30 am

Collection place and time: 1st Ben Rhydding Scout Hut Time TBC

Cost: £150

Transport details: Coach and School Minibus

Organiser and contact details: Michael (Spider) Ackroyd; Mob; 07905 587645
Email; spider10@virginmedia.com

Home Contact and contact details: Work; 01943 607021 Mobile; 07850 093472
Robin Beaumont Email; robin.beaumont@btinternet.com

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

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

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

Event: Summer Camp 2018 – Carsington Water

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:**

Special dietary needs: Vegetarian Other (please state) _____

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

Headache Calpol/paracetamol Bites or stings Biteeze
Allergy Anti-histamine Insects Midge repellent

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:

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.