

Nights Away Information Form



Event: County Explorer Camp **Dates:** 26th-27th August 2017

Location: Greshams Senior School, Cromer Road, Holt

Meeting place and time: Sports Pitches, Greshams Senoir School

Collection place and time: As above

Cost: £10pp

Transport details: Parents

Activities: Shooting, Cycling, Archery, Swimming

Further details:

Organiser and contact details: Tom Hadley

Contact details during the event: 07927333998

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 Norfolk County Scouts Office, Eaton Vale Activity Centre, Church Lane, Norwich, NR4 6NN by 19th August 2017

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

Event: County Explorer Camp

*I enclose a cheque / cash for £10 (please make cheques payable to Norfolk County Scout Council)
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: _____

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.

Please use the back of this form if more space is required