

Nights Away Application Form

St Mary Gillingham Scouts

Event: Summer Camp 2019 **Dates:** 3rd to 9th Aug 2019

Location: Buddens BH20 7NU

Meeting place and time: Buddens BH20 7NU drop off in carpark 4pm

Collection place and time: As above 11am

Cost: £160 (deposit £30 + balance £130)

Transport details: Make your own way (please share transport where possible)

Activities: Camping, cooking, climbing, etc.

Further details: Any medication is to be put in a container with name, dosage, etc on it & handed to a leader. **Bring a cake and a smile.**

Organiser and contact details: Jim Harwood Scout Leader.

Home Contact and contact details: In an emergency contact via 07833 76 13 83.

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 Your Leader by 8th Feb 2019. **Event: Summer Camp 2019**

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

I enclose cash for £ deposit /balance. I have noted the arrangements above and read the information on the website www.stmarygillinghamscoutgroup.co.uk/web/camp.html 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.

Emergency contact name: **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:

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.