

SCOUTS CAMP/HOLIDAY INFORMATION

This part to be kept by parent/guardian. Please complete legibly in black ink.

Please return the lower section of this form, completed and signed by
(date):

to the Camp Leader (name):

Address:

.....

Telephone number:

For (name of Group): 1st Claygate

The (name of event):

Will take place at (postal address):

Location

.....

OS sheet number (6 fig grid ref):

From (date):

To (date):

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.

Leaving from (place):

At (time):

Cost £

With a deposit of £

To be paid by (date):

With the balance paid by (date):

The Home Contact if necessary is

Name:

Address:

.....

Additional information about the event and activities:

.....

.....

This part to be returned to the 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:

.....

.....

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.

Camp and holiday kit list

This young person will need to bring their personal equipment and should be encouraged to find out for themselves from the handbook what is necessary and pack it themselves. This is only a guide.

All items should be clearly labelled with the young person's name.

Uniform

Warm sweater, jumper or sweatshirt

T-shirt or similar

Trousers or shorts

Spare underclothes

Spare socks

Nightwear

Hike boots or strong shoes

Training shoes

Waterproof

Swimwear

Note: require two changes of canoe clothing

Wool hat, scarf and gloves or

Sun hat, sun cream and sun glasses

Sleeping bag, plus a single sheet is required to cover the mattress covers

Ground sheet

Plate, bowl, bowl, mug and cutlery

Tea towel

Towel(s)

Torch and spare batteries

Personal first aid kit

Personal washing requirements

Hankies

Day sack and plastic drinks bottle/container

It is best to pack a rucksack or other bag that you can carry on your back.

If you have any queries regarding this kit list, please contact the Camp Leader or your local Leader.