

2nd Braintree & Bocking Scouts Permission To Camp Form



Please keep the top copy of this form and return the bottom slip giving your permission for your son/daughter to take part in the activity listed below

This form should be returned to Maria Hinchliffe no later than:
Forms/attendance will **not** be accepted after this date

Friday 21st November 2008

Camp/Activity **Season's End Camp**

From **Friday 21st November 2008**

To **Sunday 23rd Noivember 2008**

Location **Prances Scout camp site
Great Totham Road
Wickham Bishops
Witham, Essex
CM8 3NP**

Activities **Hike**

OS Map Reference **TQ 848 121**

Cost **20**

Home Contact

Deposit **10**

Meet

Prances campsite 19:00

Balance **10**

Collect

Prances campsite 11.00

Wear **Scarf and Scruffs
Walking Boots**

Bring

See Kit List

Note: If you arrive without the correct kit you will not be able to take part in the activity

Do Not Bring Aerosols (use roll-on), pen-knives (without knife handling cert), electronics such as mobile phones, walkmans/MP3 players, game-boys etc.

Do Not Wear Jeans/denim, replica football shirts, expensive clothing, hair gel/spray etc, nets, rollers, hair driers etc

Other Notes:

Please ensure that you bring warm clothes as it is likely to be cold. Note we will be camping regardless of weather.

Maria

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.

Permission Slip

I give permission for _____ to attend the camp/activity at

Season End Camp from **21st Nov 2008** to **23rd Nov 2008**

Has she/he been in contact with any infectious diseases within the 3 weeks?: _____

Date of last tetanus immunisation: _____

Medicines currently being taken (Please hand to a leader in a named bag on arrival): _____

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: _____

Swimming applicable to activity?	Not applicable	
Can your son/daughter swim a minimum of 50 metres and tread water for 5 minutes?	Yes	No
Do you give permission for your son/daughter to swim under careful supervision?	Yes	No

Name, address and telephone number of own Doctor: _____

Date Of Birth: _____

During the event I can be contacted at the following address

_____ Tel No _____
_____ Mobile _____

Any other concerns e.g behaviour, problems at school, uncertainty etc?

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.

Signed: _____ 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 Children 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.