

2nd Braintree & Bocking Scouts Permission To Camp Form



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

This form should be returned to Bradley Hill or Lewis Denegri no later than:
Forms/attendance will not be accepted after this date

Friday 2nd May

Camp/Activity **Bures Suffolk**

From **Friday 10th July (8.00pm)**

To **Sunday 12th July (11.00hrs)**

Location **The Croft Camp Site,
B1508
Bures,
Suffolk**

Activities **Canoes
Rafting
Hiking
Cooking on fires**

OS Map Reference **TL 906 343**

Cost **25**

Home Contact

Deposit **0**

Meet **The Croft Camp Site**

Balance **0**

Collect **The Croft Camp Site**

Wear **Scruffs and Scarf**

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.

Other Notes:

This is a water related activity camp therefore to take part Scouts should be aware of this. There is the provision of life saving vests along with trained supervision.

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

The Croft Camp Site

from

10/07/2009

to

12/07/2009

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:

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.