



CAMP/HOLIDAY INFORMATION

This part to be kept by Parent/Carer.

Please complete legibly in black ink.

Please return the lower section of this form, completed and signed by *(date)*: 4th March 2008

to the Camp Leader *(name)*: Tom Boughton

Address:

121a Hemingford Road,
Cambridge,
CB1 3BY

Telephone Number: 07966 614556

for *(name of group)*: 11th/9th Cambridge Cub
Pack

The *(name of event)*: Spring Term Pack
Holiday - Bromham

Will take place at *(postal address)*:

Leslie Sell Scout Activity Centre,
Molivers Lane,
Bromham,
Bedford,
MK43 8LD

from *(date)* 7th March 2008

to *(date)* 9th March 2008

Leaving from: NA
at *(time)* 7.30pm
Cost £35
with a deposit of £10
to be paid by: 26th February 2008
with balance to be paid
by: 6th March 2008

The home contact if necessary is:

(Name): Jon Yates
Address: 19 Church Street
Gt Shelford
Cambridge
CB22 5EL

Telephone Number: 01223 846723
01223 337461
07704 197598

Additional information about the event & activities:
Indoor Accommodation

All activities will be run in accordance with The Scout Associations safety rules. No responsibility for personal equipment' clothing and effects can be accepted by the camp organizers and The Scout Association does not provide automatic insurance cover in respect of such items.

This part to be returned to leader:

I give permission for *(name of child)*:

to attend the camp at: _____

from: _____

to: _____

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

Date of last tetanus immunization: _____

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 other special needs? Please continue overleaf if necessary:

Name, address and telephone number of own Doctor:

Date of Birth: _____

National Health No: _____

During the event I can be contacted in an emergency at: _____

Telephone number: _____

I understand the Camp Leader reserves the right to send 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 authorize this, I hereby give my general consent to any necessary medical treatment & authorise the Scouter in charge of the camp to sign any document required by the hospital authorities.

Signature of

Parent/Carer: _____

Date: _____

Note. The medical profession takes the view that that parents 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 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.