## **Activity Information Form**1<sup>st</sup> Barton Scout Group



Event:	Winter Camp 2016		Date:	26/02/2016
Location:	Gibside Stables, Gib	oside Hall		
Meeting place and time:	Visitor Car Park, Gibside Hall NE16 6BG – 19:00			
Collection place and time:	As drop off, 12:00 S	unday 28th		
Cost:	Paid			
Transport details:	Own transport			
Wear / Bring:	Kit list provided			
Further details:	N/A			
Organiser and contact details:	Gavin Ions - 079775	550060		
Contact details during the event:	As above			
Please keep this section for your own information, and detach and return the section below.				
<b>Note:</b> 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 Gavin by 03/03/2016 along with payment Feel free to send us a scan/photo of your completed form, and if you have any urgent info you need to give us, please call, email or text.  Name of young person:  D.o.B:				
Event: Winter Camp				
Event. Winter Samp				
Is he/she able to swim 50 metres and	stay afloat for five ı	minutes in light clothin	g? Yes	/ No
Emergency contact:			Pho	ne:
Doctor's name and contact details:		Details of any medica	tions cur	rently being taken:
Details of any disabilities, conditions needs or cultural needs that might aff		Details of any infection		ses he/she has been in eeks:
If it becomes necessary for the above authorise this, I hereby give my general to sign any document required by the house signed:	consent to any nece			orise the Leader in charge
Relationship to young person:				

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.

Please use the back of this form if more space is required