

# Activity Information Form



## 1<sup>st</sup> Okehampton Scout Group

**Event:** Mid Devon District New Year Party **Date:** 15<sup>th</sup> January 2017  
**Location:** Bow Village Hall from 4pm to 7pm  
**Meeting place and time:** To be confirmed once numbers requiring transport are known. See below:  
**Collection place and time:** To be confirmed once numbers requiring transport are known. See below:  
**Cost:** Free  
**Transport details:** \* Parent can transport / will need transport with a Leader \*(please delete)  
**Wear / Bring:** Uniform  
**Further details:** Entertainer and circus skills workshop. Food and drink provided.  
**Organiser and contact details:** Jacala 07972 641347  
**Contact details during the event:** Shere Khan 07779 991806

*Please keep this section for your own information, and detach and return the section below.*

Note: 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 Jacala by 10<sup>th</sup> January 2017

**Name of young person:** ..... **D.o.B:** .....

**Event:** District New Year party - Sunday 15<sup>th</sup> January 2017

*I enclose a cheque / cash for £0 (please make cheques payable to - not required )  
I have noted the arrangements above and agree to the named young person taking part.*

**Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? Yes / No**

**Emergency contact:** ..... **Phone:** .....

**Doctor's name and contact details:** ..... **Details of any medications currently being taken:** .....

**Details of any disabilities or additional needs or cultural needs that might affect this activity:** ..... **Details of any infectious diseases he/she has been in contact with in the last three weeks:** .....

*Please include dietary as food will be provided*

*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

**Signed:** ..... **Date:** .....

**Relationship to young person:** .....

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

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.