

# Activity Information Form



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

**Event:** Survivor camp **Date:** 18<sup>th</sup> to 19<sup>th</sup> March 2017  
**Location:** Our Scout hut  
**Meeting place and time:** 11am on Saturday 18<sup>th</sup> March at our hut  
**Collection place and time:** 11am on Sunday 19<sup>th</sup> March at our hut  
**Cost:** £15  
**Transport details:** None required  
**Wear / Bring:** Walking shoes/trainers, day rucksack, activity clothes, waterproofs, sleeping bag.  
**Further details:** Full kit list will be sent later  
**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 14<sup>th</sup> March 2017

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

**Event:** Survivor camp

*I enclose a cheque / cash for £15 (please make cheques payable to 1st Okehampton Scout Group or pay by bank transfer: sort code 30-96-23, account number 00334800, reference your child's name/Survivor camp. )  
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:**

*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.