

Nights Away Information Form

Please complete and return the form 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 your leader

Name of young person:

D.O.B:

Section:.....

Date of Event

I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.

Is he/she able to swim 10 metres in clothing?

Yes / No

Emergency contact (someone not on campsite):

Phone:

Doctor's name and contact details:

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Details of any medications currently being taken:

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Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:

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Details of any infectious diseases he/she has been in contact with in the last three weeks:

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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