

# Nights Away Permission Form



**Event:** Summer Camp **Dates:** 23<sup>rd</sup> to 30<sup>th</sup> July 2011  
**Location:** Ratlingate Camping Centre, Carlisle  
**Meeting place and time:** Saturday 23<sup>rd</sup> July at the Scout Hut, Wheatley Lane, Ben Rhydding – 08:00  
**Collection place and time:** Saturday 30<sup>th</sup> July at the Scout Hut, Wheatley Lane, Ben Rhydding – 16:00

**Transport details:** Transport to camp by coach

**Camp Leader and contact details:** Graham Ramsden, tel 01943 435016, email graham@1stbenrhyddingscouts.org.uk

**Home Contact and contact details:** Robin Beaumont, 01943 607021

**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 Scouts on Thursday 21<sup>st</sup> July

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

**Event:** Summer Camp

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 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, conditions, allergies, special needs or cultural needs that might affect this event:** ..... **Details of any infectious diseases he/she has been in contact with in the last three weeks:** .....

The Camp Leader (or in their absence one of the Assistant Camp Leaders) may administer the appropriate minor treatment/precautions (as listed below) if required. Please tick the treatments you are happy to be administered.

Headache  Calpol/paracetamol  Bites or stings  Biteeze

*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.