## Nights Away Information Form



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| --- | --- | --- | --- |
| ***2nd Thundersley Beaver Scouts*** | | | |
| **Event:** | 2015 December Sleepover | **Dates:** | Friday 18th December 2015 |
| **Location:** | **Belchamps Scout Activity Centre,** Holyoak Lane, Hawkwell Hockley, Essex, SS5 4JD, | | |
| **Meeting place and time:** | Belchamps main entrance carpark, : 6:45pm | | |
| **Collection place and time:** | Belchamps main entrance carpark, : 2:45pm | | |
| **Cost:** | £26 if cash/cheque else £28 via OSM | | |
| **Transport details:** | Please make your own transport arrangements | | |
| **Activities:** | Various | | |
| **Further details:** |  | | |
| **Organiser and contact details:** | Karen 07900926187 | | |
| **Contact details during the event:** | Karen 07900926187 | | |

*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.

***Nights Away Kit List***

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| *All young people will need to bring their personal equipment and should be encouraged to pack themselves. This list is only a guide.* |
| * It is best to pack a rucksack or sports bag that you can carry on your back. Suitcases are not suitable for tents. * All items should be clearly labelled with the young person’s name. |

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| --- | --- | --- | --- |
|  | Complete uniform to be worn on arrival |  | Scarf, hat and gloves |
|  | 2 x Warm sweaters, jumpers or sweatshirts |  | Sun hat, sun cream and sun glasses |
|  | 3 x T-shirts or similar |  | Sleeping bag & small pillow |
|  | 2 x Trousers or shorts |  | Foam roll / karrimat |
|  | 2 x Spare underclothes (min one pair per day) |  | Plate, bowl, mug and cutlery |
|  | 2 x Spare socks (one pair per day) |  | Tea towel with name on it |
|  | 1 x Nightwear |  | Torch and spare batteries |
|  | Hike boots or strong shoes |  | Personal first aid kit |
|  | Waterproof (coat and trousers) |  | plastic drinks bottle with name on it |
|  | Swimwear and towel |  | 3 x Polythene bags (for dirty / wet clothes) |
|  | Hankies |  | Teddy! |
|  | Personal washing requirements and face towel |  | Coathanger for uniforms |
|  | Any Medication in a plastic bag with instructions and childs name on it |  | Plimsoles / deck shoes which may become wet |
|  | Trainers or general shoes for travelling in |  |  |

**Consent section – MUST BE RETURNED**

Please complete and return this section to Kit by 23rd October 2015

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of young person:** | |  | **D.o.B:** |  |
| **Event:** | 2015 December sleepover | | | |

*I enclose a cheque / cash for £26 (please makes cheques payable to: 2nd Thundersley Beaver Scouts)*

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 |

This form gives permission for your child to attend camp, and for the Scout leaders to sign on your behalf

any papers needed by the medical authorities in case of emergency hospital medical treatment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick appropriate box** | | **YES** | **NO** | **If yes, please state here (continue on back of form)** |
| 1 | Has your child any physical disabilities or special needs that we should be aware of? |  |  |  |
| 2 | Is your child allergic to anything? (food, drink, medicines, hay fever, insects, animals etc.) |  |  |  |
| 3 | Does your child need to take any medicines while at camp (i.e. anti-histamines)? |  |  |  |
| 4 | Is there any other information that the camp leaders need to know about? |  |  |  |
| 5 | Has your child been immunised against Tetanus within the last three years? |  |  |  |
| 6 | Do you give permission for a camp leader or helper to apply sun cream / insect repellent to your child if deemed necessary? |  |  |  |
| 7 | Any other comments | | | |

I agree to inform you if my child comes into contact with any infectious diseases within three weeks of the start of the camp. I agree to inform you if any medicines have to be taken or if there are any special dietary requirements that need to be followed during the period of the camp and of the name of the hospital concerned if currently receiving medical treatment. If any medication is currently taken, this should be clearly marked with the name and the exact dose required, before being handed to the Beaver scout Leader at camp.

If it becomes necessary for my child to receive emergency hospital medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise Karen Daykin or another warranted Leader to sign any document required by the hospital authorities. (This authorisation reflects the advice received by the Scout association from the medical profession).

Name and address of GP: ­­­­­­­­­­­­­ Tel. No.

During the period of the Camp the emergency contacts will be:

Name: Relation to child Contact No.:

Print Name

Name: Relation to child Contact No.:

Print Name

I hereby give consent for my child to participate in all activities planned during this sleepover / event

**Signature…………………………………………………………………………………………… Parent/Guardian Date ……………………………**