

Permission to Camp - Information for Cubs

This part to be kept by parent or carer. Please complete in black or blue ink



Please return the lower section of this form, completed and

signed by: **MONDAY 6TH OCTOBER 2008**

to your Leader: **CHARLES BROWN**

Address: **7 WAVELL WAY**

CB4 2DH

Telephone number: **07720 441123**

The 'Home Contact' number if necessary is: **T.B.C.**

Name of Home Contact: -

Address of Home Contact: -

--- TURN OVER FOR A FULL KIT LIST ---

The Event: **18th CAMBRIDGE GROUP CAMP**

will take place at: **ABINGTON CAMPSITE,**
(Church Lane, Lt. Abington, CB21 6BQ)

From: **6:00pm - FRIDAY 10th OCTOBER '08**

To: **12:00pm - SUNDAY 12th OCTOBER '08**

Cost: **£15.00**

To be paid in full by: **MONDAY 6TH OCTOBER '08**

Additional information about the event and activities:

Cubs and Scouts will sleep outside in tents. Some activities will be section specific, whilst others will be joint activities.

The theme of the camp is "Ghosts & Ghouls". Swimwear required if the Cubs/Scouts want a shower.

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 camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.



This part should be completed and returned to the Leader listed above

I give permission for:

..... (name of child)

To attend the sleepover at:

.....

On: (date)

Has he or she been in contact with any infectious diseases within the last 3 weeks?

.....

Medicines currently being taken:.....

.....

(NOTE! - Medicines must be clearly labelled with person's name, name of drug, storage requirements, frequency, dosage)

Does he or she have allergies to food, medicines or other?

.....

.....

Does he or she have any special needs, including dietary?

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.....

.....

Doctor's details (Name, address, telephone number):

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.....

During the event I can be contacted in an emergency at:

Telephone number:.....

I understand that the Event Leader reserves the right to send any participants home if necessary. If it becomes necessary for my child to receive 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 the Leader in charge of the camp to sign any documents required by the hospital authorities.

Signature of parent or guardian:

Date:

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in The Children Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent to a particular treatment has the right to do so.

For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

Sleepover Kit List

The young people will need to bring the following kit **and should be encouraged to pack it themselves with the help of parents**. This is to ensure they know what they have packed.

It is best to pack a rucksack or other bag that they can carry on their back.

All items should be clearly labelled with the young person's name.

The kit listed will need to be provided unless stated as 'optional' or scrubbed out.

If there are any queries regarding this kit list, please contact the Event Leader.

- ▶ Uniform or Groupwear
 - ▶ Spare clothes (sweatshirt, jumper, t-shirt, trousers)
 - ▶ Spare underclothes
 - ▶ Spare socks
 - ▶ Nightwear
 - ▶ Hike boots or strong shoes
 - ▶ ~~Training shoes~~
 - ▶ Waterproof
 - ▶ Swimwear (*if wanting a shower*)
 - ▶ Wool hat, scarf and gloves
 - ▶ Teddy (*optional*)
 - ▶ ~~Sun hat, sun cream and sun glasses~~
 - ▶ Sleeping bag
 - ▶ Ground sheet / Foam mat
 - ▶ Plate, bowl, mug and cutlery
 - ▶ Tea towel
 - ▶ Towel (*if wanting a shower*)
 - ▶ Torch
 - ▶ Medication (if applicable)
 - ▶ Personal washing requirements
 - ▶ Hankies
 - ▶ Day sack and plastic drinks Bottle/container
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