



# Nights Away Information Form



**Event:** Colonel Woods Patrol Camping Challenge **Dates:** 12/05/17 – 14/05/17

**Location:** Datchworth Scout HQ, Datchworth Green, Datchworth, Herts SG3 6TL

**Start Time:** 6pm onwards on Friday 12<sup>th</sup> May 2017

**Pick up Time:** Presentation is at 2:30pm on Sunday 14<sup>th</sup> May 2017

**Organiser and contact details:** Neil Ravilious, ADC (Scouts). Telephone 01462 790921

**Event Emergency Contact details:** 07805 389486 (During the event only)

*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 your Scout Leader.

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

**Event:** Colonel Woods Patrol Camping Challenge.

**Date** Friday 12<sup>th</sup> May 2017 to Sunday 14<sup>th</sup> May 2017

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. I understand that leaders may take photos of Scouts and Explorers taking part in this event and that these photos may be used for publicising Stevenage Scouting in magazines, posters and on the Scout websites. Full names will not be associated with photos and the Scout Associations guidelines will be followed at all times. (Please clearly state on this form if you **do not** give permission for photos of your son/daughter to be included).

<b>Emergency contact Name:</b>		<b>Phone:</b>	
<b>Contact Address:</b>			
<b>Doctor's name and address:</b>	<b>Details of any medications currently being taken:</b>		
<b>Doctor's phone number:</b>			
<b>Details of any disabilities, conditions, allergies, special needs or dietary/cultural needs that might affect this event:</b>	<b>Details of any infectious diseases he/she has been in contact with in the last three weeks:</b>		

*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