



Camp / Holiday Information

The (name) CUB SCOUT PACK / SCOUT TROOP / EXPLORER SCOUT UNIT are going on a CAMP / HOLIDAY to (place) at (time) on (date) leaving from (place) and arriving back at (approximate time) on (date)

Total cost with a deposit of to be paid in by The balance to be paid by

The postal address of your son / daughter will be c/o Name of Cub Scout Pack / Scout Troop / Explorer Scout Unit OS Map No. & grid ref

The following activities are being arranged

The home contact if necessary is Tel No Address

All activities will be ran in accordance with the Scout Association's Safety Rules. **NO** automatic responsibility for personal equipment, clothing and effects can be accepted by the camp organisers, and the Scout Association **DOES NOT** provide automatic insurance cover in respect of such items. Please contact me if you require any further information.

Signed (Camp Leader) Date Tel No Address

The following form is an important piece of camp paperwork which must be returned to the Camp Leader prior to the camp /holiday. THE FORM MUST BE RETURNED. WE CANNOT TAKE ANYONE TO CAMP WITHOUT IT !!!

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Personal Information This section (both sides) should be filled in by the Parent or Guardian of the named boy/girl. It gives authority for the Camp Leader to sign on your behalf any papers needed by the medical authorities in case of emergency treatment.

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/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 overleaf. 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.

My son/daughter will attend the camp / holiday at from to and the following information

is provided for the benefit of the Camp Leader. Date of last tetanus immunization

Medicines currently being taken

Is he/she allergic to anything (e.g. aspirin, antibiotics, any particular food or drugs?) Give details

Does he/she have any special dietary needs ?

Has he/she any special needs ?

Please continue on another sheet if needed, giving any other information which you consider necessary for the Camp Leader to know.

(continued overleaf)

He/she will need to bring with them his/her personal equipment (the following list is a guide) and, if a Scout, should be encouraged to find out for himself/herself from handbooks what is necessary and to pack them himself/herself.

This also helps the Scout, while on the camp, to know where in there rucksack various items are to be found, and we are less likely to have the Scout saying that they have "lost" something.

All items should be **CLEARLY LABELLED** with the boys / girls name.

- Complete Uniform Rucksack Sleeping Bag Carry Mat Camp Blanket Hiking Boots or Strong Shoes
- Warm Jacket Waterproof Jacket & Trousers Personal First Aid Kit Torch & Spare Batteries Walking Gear
- Day Sack Plastic drinks bottle Sleeping Wear Socks & Underwear Hiking Socks
- T-Shirts Trousers Shorts Jumper/Sweatshirt Training Shoes
- Old Trainers for in Water Swimming Trunks Towel(s) Wash kit Plate, Bowl, Mug, KFS Tea Towel
- Insect Repellent Sun Cream and Aftersun Warm Hat or Sun Hat Gloves Sun Glasses

Other items
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This is a **basic kit list**, other items can be taken to suit individual needs and for special activities.

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All equipment should be **packed in plastic bags inside the rucksack** to keep dry (with special attention to sleeping bags and spare clothing).

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A supply of **spare plastic bags** can be useful to separate clean / dirty clothing.
A number of layers is warmer than one thick one, and warmth can be regulated more easily – don't forget your hands and head.
Do not pack your torch with the batteries fitted as it could easily get accidentally turned on and you could get to camp with flat batteries.
Radios / Computer games etc. should **not** be taken to camp.
Scouts must **travel** to and from camp **in uniform**, and a hanger can be useful to keep it neat in the tent.

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He/she MAY be photographed on Scouting Activities.
He/she CAN/CAN NOT swim 50 metres and tread water. He/she MAY/MAY NOT bathe under careful supervision.
His/her National Health Service Number is Date of Birth
Name and Address of Family Doctor
..... Telephone
During the event from (dates) to my address will be
..... Tel Mob
and from (dates) to it will be
..... Tel Mob

I will inform you if my son/daughter has been in contact with any infectious disease within three weeks prior to the event.
If it becomes necessary for 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 Scouter in charge of the event to sign any document required by the hospital authorities.
I understand the camp leader reserves the right to send any participants home if necessary.

Signature Print name Date