

EVENT NAME – EVENT DATE – Booking Form

Event Information

Date: DATE

Event Location: EVENT LOCATION

Transport Details – TRANSPORT METHOD

Outward Journey: TRANSPORT TIMES

Return Journey: TRANSPORT TIMES

Accommodation Details

We will be staying at ACCOMMODATION LOCATION

Address: ACCOMMODATION ADDRESS

The Home Contact for the event is: HOME CONTACT NAME

Telephone: TELEPHONE NO.

Mobile: MOBILE NO.

Are you coming?

Yes! I would like to attend the EVENT NAME, being held in EVENT LOCATION.

Name: _____ Date Of Birth: _____

Address: _____

Post Code: _____

Telephone: _____ Mobile: _____ Email: _____

Parent/Guardian's Details: *Please list numbers that you can be contacted on during the camp/event.*

Name(s): _____ Telephone: _____ Mobile: _____

Health Information

Please detail any special needs that may affect your child during the camp: _____

Please detail any food allergies, medicine allergies or other relevant information: _____

Please detail any special dietary needs: _____

Has your child been in contact with any infectious diseases in the last 3 weeks? _____

Please detail any medication currently being taken: _____

NHS Number: _____ Date of last tetanus immunisation? _____

Name, address and telephone number of own doctor: _____

Telephone: _____

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.

I understand that the Camp 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 Scouter in charge of the camp to sign any document required by the hospital authorities. Automatic insurance is not provided for items of high value or cash.

Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the Childrens Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent for 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 have a Leader on hand able to sign forms required by medical authorities.

Parental Confirmation – if under 18

I give permission for my child to attend the camp/event. I have read all the information issued about the forthcoming event:

Signed: _____ (Parent/Guardian)

Print: _____

Date: ____/____/____

*Sometimes photos and video images of Scouts taking part in activities are submitted to the local newspapers, the Unit, Group, District or County newsletters and website or put on display. If you have any objections please indicate that you are **not willing** for your child's image to be used in this way by ticking the box:*