

Activity Information Form

Event:

Date:

Location:

Meeting place and time:

Collection place and time:

Cost : £

Wear / Bring: Please see details attached

Organisers and contact details:

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

I enclose a cheque / cash for £ (Please make cheques payable 229 Greenhill Methodist scout grp)

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.

Name of young person:

D.o.B:

Event:

Emergency contact:

Phone:

Doctor's name and contact details:

Details of any medications currently being taken:

Details of any disabilities, conditions, allergies, Details of any infectious diseases he/she has special needs or cultural needs that might affect been in contact with in the last three weeks:

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

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

this activity:

Dietary needs:

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

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