Nights Away Information Form



I have noted the arrangements above Leader reserves the right to send any lis he/she able to swim 50 metres at Emergency contact: Doctor's name and contact details: Details of any disabilities, condition needs or cultural needs that might list becomes necessary for the above authorise this, I hereby give my generate sign any document required by the Signed:	nd stay afloat for five and stay afloat for five and stay afloat for five ans, allergies, special affect this event:	minutes in light clothin Details of any medica Details of any infection contact with in the law on to receive medical treatments.	g? Yes Pho tions cur ous disea st three w	/ No one: crently being taken: dises he/she has bee weeks: and I cannot be contact the contact the Leader in the contact the c	n in
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I have noted the arrangements abou			пд рапт. Т	understand that the	event
I enclose a cheque / cash for £		cheques payable to)
Event:				***************************************	
Name of young person:			D.o.	.B:	
Please complete and return this section					
Note: All activities will be run in accordance with The the organisers and The Scout Association does not provide the control of the Scout Association does not provide the sc	Scout Association's safety Rule rovide automatic insurance cover	s. No responsibility for the personal in respect to such items.		othing and effects can be acc	epted by
Contact details during the event: Please keep this section		ation, and detach and retu	ırn the se	ction below.	PTC
Organiser and contact details:	John Webber	or Stuart 07815759434			
Further details:	Labor MA alabar				
Activities:	Night hike/camp				
Transport details:	Mini bus				
Cost:	£5				
Collection place and time:	TBC				
	Scout Hall 6.00pm				
Meeting place and time:					
Location: Meeting place and time:	Daerwynno Outdoor	Centre			

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. 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.

Nights Away Kit List

All young people will need to bring their personal equipment and should be encouraged to pack themselves. This list is only a guide.

Complete uniform	Scarf, hat and gloves
Warm sweaters, jumpers or sweatshirts	Sun hat, sun cream and sun glasses
T-shirts or similar	Sleeping bag
Trousers or shorts	Foam roll / karrimat
Spare underclothes (one pair per day)	Plate, bowl, mug and cutlery
Spare socks (one pair per day)	Tea towel
Nightwear	Torch and spare batteries
Hike boots or strong shoes	Personal first aid kit
Waterproof (coat and trousers)	Day sack and plastic drinks bottle
Swimwear and towel	Polythene bags (for dirty clothes)
Hankies	Teddy!
Personal washing requirements and towel	

- It is best to pack a rucksack or sports bag that you can carry on your back. Suitcases are not suitable for tents.
- All items should be clearly labelled with the young person's name.