

Young Leader Training

14-16 September 2018



Explorer / Young Leader Details Please complete form in block capitals.	Name:		Male / Female:	Date of Birth:		
	Address:					
	Email address (For Booking Confirmation):					
	Explorer Unit/YL unit:					
District:			Section working with:			
Please Tick Modules you require to Attend:		A	B	C	D	E
Parent / Guardian In Touch Details		Name:		Landline:		
		Address & Postcode:		Mobile:		
<ul style="list-style-type: none"> Please list any medications (including pain relief and inhalers) which your Son / Daughter has with them on the reverse of this form. I agree that my son/daughter will inform the leadership team if they self-medicate at any point during the event. In case of hospital treatment, I give permission for any emergency medical care needed until I/we are able to attend. 						
Anything else we should be aware of? (medical or personal and any dietary requirements?):						
Doctors Details	Name:		NHS No:			
	Address:		Phone No:			
Photographs	Photos and video images of Explorers and may be used on websites both on a local and County level. (Please delete if you do not agree)					
Parent / Guardian Consent	I have noted the arrangements, as stated on the information sheet and give permission for my son / daughter to attend this camp.					
	Signature:					
	Name:			Date:		

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.

