



EXPLORER KICK BACK CAMP

HUMBERSIDE SCOUTS

3-4 September 2016 - Health and Booking Form

Explorer / Young Leader Details	Young Person's Name:	Date of Birth:									
	Address:										
	Explorer Unit/YL unit:										
	District:	Telephone Number:									
<p>The above names person will be attending this event as (please tick and fill in appropriate line):</p> <table border="1"> <tr> <td>Part of a group: <input type="checkbox"/></td> <td colspan="3">Name of Leader in Charge:</td> </tr> <tr> <td>An Individual <input type="checkbox"/> (using an Explorer Passport)</td> <td colspan="3">Name of leader signing Explorer Passport:</td> </tr> </table>				Part of a group: <input type="checkbox"/>	Name of Leader in Charge:			An Individual <input type="checkbox"/> (using an Explorer Passport)	Name of leader signing Explorer Passport:		
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An Individual <input type="checkbox"/> (using an Explorer Passport)	Name of leader signing Explorer Passport:										
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):											
Doctors Details	Name:	NHS No:									
	Address:	Phone No:									
Photographs	Sometimes photos and video images of Scouts taking part in activities are submitted to the local press, Group, District or County newsletters and Websites or may be put on display. Please let us know if you have any objections to this by ticking this box: <input type="checkbox"/>										
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.

The cost of the weekend is £15 Please make all cheques payable to 'Humberside Scouts' Post your completed Health / Booking form(s) along with your payment(s) to: Paul Hindley ACC Explorers - 7 Moseley Hill, Bilton, Hull, East Yorkshire, HU11 4ES
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EXPLORERS