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## YOUNG LEADER TRAINING



## 1 - 3 JUNE 2018

1							HUMBERSIDE SCOUTS		
Young			ung Person's Name:				Male / Female:	Date of Birth:	
Explorer / Young Leader Details  Please complete form in block capitals.  Emain block capitals.		Addres	Address:						
			Email address: (For Booking Confirmation)						
		Explorer Unit/YL unit:							
		District:					Section working with:		
Please Tick Mo	odules you requ	ire to At	tend:			_	l		
A F		G	G H I Missions						
			Name:				Landline:		
Parent / Guardian In Touch Details			Address & Postcode:				Mobile:		
<ul> <li>Please list any medications (including pain relief and inhalers) which your Son / Daughter has with them on the reverse of this form.</li> <li>I agree that my son/daughter will inform the leadership team if they self-medicate at any point during the event.</li> <li>I understand and accept that I may be charged £10 if I book a place and do not attend or cancel this booking prior to the weekend</li> <li>In case of hospital treatment, I give permission for any emergency medical care needed until I/we are able to attend.</li> </ul>									
				l or personal and					
Doctors Details			Name:				NHS No:		
			Address:				Phone No:		
Photographs			Photos and video images of Explorers and maybe be used on websites both on a local and County level. (Please delete if you do not agree)						
Parent / Guardian			I have noted the arrangements, as stated on the information sheet and give permission for my son / daughter to attend this camp.						
Consent			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.

