



HUMBERSIDE SCOUTS

YOUNG LEADER TRAINING

24-26 November 2017- Booking Form

Explorer / Young Leader Details	Young Person's 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:															
<table border="1"> <tr> <td>A</td> <td>F</td> <td>G</td> <td>H</td> <td>I</td> <td rowspan="2">Other Information:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					A	F	G	H	I	Other Information:					
A	F	G	H	I	Other Information:										
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	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 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.

Completed bookings are to be sent to:

Helen Lynch, YL Training Admin, 17 Maltkiln Lane, Elsham, Brigg, DN20 0RL
 Contact Telephone Number: 07798 827695

