



SCOUT ALDWARCK WEEKEND

25/27 SEPTEMBER 2015

Health Declaration & Consent Form for all Under 18s



SCOUTS



This section is to be completed by the Parent or Guardian of the young person named below. Please answer the questions as fully as possible, as in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. (Please complete ALL sections in BLOCK CAPITALS)

Group: _____ Section: _____

Forename: _____ Surname: _____ DoB: _____

Dietary Requirements / Allergies: _____

Parent/Guardian's Address during this event: _____

_____ Post Code: _____

Doctor's Name and Address: _____

_____ Telephone No: _____

MEDICAL INFORMATION

An on-site first aider may need to administer treatment for minor ailments such as headache or stomach upset, please indicate if you have a preferred treatment/precaution. PLEASE DO NOT USE PRODUCT NAMES e.g. Anadin. Instead list paracetamol or 'any suitable tablet'. Please note that we are no longer able to give Aspirin to under 16's.

Please state any medical condition that may affect your child on camp. (e.g. Asthma, Eczema, Epilepsy). Please list all medication to be taken during camp, including dosage.

Please state if he/she has been in contact with any infectious diseases within the last three weeks.

*Any medication sent to camp **must** be clearly labelled with your child's name, dosage and frequency, and handed in to your child's leader. Your child is able to keep an inhaler with them if you feel they are able to self-dose responsibly.*

ACTIVITIES

Young people attending the camp will be given opportunities to take part in a wide range of activities. These activities will be run and supervised in accordance with The Scout Association's rules and safety requirements.

Please note that during the camp photographs and videos of activities may be taken that could contain your child. Normally, these will only be used for Scouting purposes. We would always seek your permission before using photographs for external promotional purposes.

- My child has my permission to take part in the above named camp and take part in activities organised in accordance with the rules of the Scout Association.
- I understand that the Camp Leader reserves the right to send any participant home if necessary.
- I will inform the Leader if any of the information give on this form changes before the event takes place, or if he/she comes into contact with any infectious disease in the three weeks preceding the event.
- If it becomes necessary for my son/daughter to receive medical treatment, and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Camp/Section Leader to sign any documents required by the hospital authorities.

Name of Parent/Guardian: _____ Relationship to young person: _____

Signature: _____ Date: _____



Fri/Sun 25/27 September
Aldwark Water Activities Centre
on the banks of the river Ure.

Cost £35 which includes water activities,
meals and indoor accommodation.

Consent forms must be returned to
your Leader by the deadline of 17 July.

The organiser for this event is Stuart McGowan
stuartmcgowan@ntlworld.com

West Leeds District Scouts' Aqua Weekend

6.00 pm Friday to 3.00 pm Sunday

(This will be confirmed nearer the date)

25/27 September 2015

An opportunity for Scouts of all ages to spend a weekend enjoying water activities at the Central Yorkshire Scouts' Water Activities Centre at Aldwark Bridge on the banks of the river Ure.

The refurbished mill can accommodate 58 people sleeping in dormitories. Mattresses are provided but you must bring your own sleeping bag and pillow.

As numbers are limited to 58 please book your place a.s.a.p.

The kitchen has facilities to prepare meals and a dining area for everyone to eat together in one sitting.

Aldwark is a centre of training excellence with frequently assessed, highly qualified instructors providing quality tuition for water activities using a wide range of craft.

Directions to Aldwark Activity Centre:

Sat Nav YO26 9SJ

From the A1(M) take Junction 47 and exit to A59 (Knaresborough / Harrogate / Airport / York) follow for 7.7 miles at the roundabout take the 3rd exit staying on A59, continue to follow A59 for a further 3 miles. Turn left onto B6265. Turn right onto Main Street. Turn left onto Church Lane, continue onto New Road. Turn right onto Boat Lane and your destination will be on the right just before the toll bridge.



SCOUTS[®] Aqua Weekend



25 to 27 September 2015

Aldwark Water Activities Centre

Please complete the details below and overleaf and return this form with payment to your Leader by 17 July.

I have noted the details of the event and give my permission for

Troop: _____

to participate in the event.

Please state if he/she has a disability or condition that may affect participation.

I confirm that he/she can swim 50m in activity clothes Yes / No

I confirm that the personal information I have previously supplied is still correct.

(Please give any updates on a separate piece of paper and attached it to this return.)

During the activity, contact details, in the event of an emergency, are

Name: _____ Relationship: _____

Contact phone number/s: _____

Signed: _____ Parent/Carer

Print: _____ Date: _____

I enclose £35 in cash / cheque (Payable to "West Leeds District Scout Council")

Deadline for applications is 17 July 2015

Please retain this section for reference during the event
Please ensure that the signed permission form and payment is returned to your Leader by 17 July.

