

#### SCOUT / EXPLORER CARDBOARD BOX SLEEPOVER 17/18 OCTOBER 2015



Health Declaration & Consent Form for all Under 18s

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:	S	Section:	
Forename:	Surname:	DoB:	
Dietary Requirements / Allergies:			
Parent/Guardian's Address during	g this event:		
		Post Code:	
Doctor's Name and Address:			
		Telephone No:	
	MEDICAL INFORMAT		
upset, please indicate if you have NAMES e.g. Anadin. Instead list able to give Aspirin to under 16's. Please state any medical condition Please list all medication to be tal	e a preferred treatment/preca paracetamol or 'any suitable on that may affect your child o ken during camp, including do	or ailments such as headache or stomach ution. PLEASE DO NOT USE PRODUCT tablet'. Please note that we are no longe in camp. (e.g. Asthma, Eczema, Epilepsy) sage. iseases within the last three weeks.	
	st be clearly labelled with you	child's name, dosage and frequency, and	
handed in to your child's leader. Y self-dose responsibly.	st be clearly labelled with your Your child is able to keep an ir ACTIVITIES	child's name, dosage and frequency, and haler with them if you feel they are able to	
handed in to your child's leader. Yself-dose responsibly.  Young people attending the cam	st be clearly labelled with your four child is able to keep an ir  ACTIVITIES  ap will be given opportunities	child's name, dosage and frequency, and	
handed in to your child's leader. Yell-dose responsibly.  Young people attending the campuse activities will be run and surequirements.  Please note that during the campuse activities will be run and surequirements.	st be clearly labelled with your four child is able to keep an ir  ACTIVITIES  ap will be given opportunities upervised in accordance with a photographs and videos of y be used for Scouting purpos	child's name, dosage and frequency, and haler with them if you feel they are able to to take part in a wide range of activities	
Young people attending the cam These activities will be run and se requirements. Please note that during the cam your child. Normally, these will only before using photographs for exte  My child has my permission in accordance with the rule  I understand that the Camp  I will inform the Leader if an place, or if he/she comes ir event.  If it becomes necessary f contacted by telephone or any necessary medical trea	ACTIVITIES  The will be given opportunities upervised in accordance with poportunities of the best of the second and the secon	to take part in a wide range of activities. The Scout Association's rules and safety activities may be taken that could containes. We would always seek your permission d camp and take part in activities organised send any participant home if necessary, this form changes before the event takes disease in the three weeks preceding the this, I hereby give my general consent to	
Young people attending the cam These activities will be run and se requirements. Please note that during the camp your child. Normally, these will only before using photographs for exte  My child has my permission in accordance with the rule I understand that the Camp I will inform the Leader if an place, or if he/she comes ir event.  If it becomes necessary f contacted by telephone or	ACTIVITIES  The will be given opportunities upervised in accordance with poportunities of the best of the score and promotional purposes. The score and promotional purposes are to take part in the above name as of the Scout Association. The Leader reserves the right to my of the information give on the contact with any infectious for my son/daughter to receany other means to authorise atment and authorise the Carthorities.	to take part in a wide range of activities The Scout Association's rules and safety activities may be taken that could contain s. We would always seek your permission d camp and take part in activities organised	



### WEST LEEDS DISTRICT SCOUT AND EXPLORER SCOUT



## CARDBOARD BOX SLEEPOVER



4.00 pm Sat to 10.00 am Sun
17/18 October
Junters Greave Activity Centre

Hunters Greave Activity Centre
Pollard Lane, Bramley LS13 1EQ

Cost £5 which covers camping fees and meals (Tea, hot drink on Saturday night and breakfast on Sunday)

Consent forms must be returned to your Leader by the deadline of 2 October.

The organisers for this event are:

Graham Burrell (Scouts) burrell423@yahoo.co.uk 0113 2360152 Kath Burrell (Explorer Scouts) kathburrell33@yahoo.co.uk 0113 2360152

#### West Leeds District Scout and Explorer Scout

### Cardboard Box Sleepover

4.00 pm Saturday to 10.00 am Sunday 17/18 October 2015

Many people - young and old - throughout the world are homeless and have to sleep rough every night. Whilst we often see pictures of people in third world countries doing so, we don't often see pictures of people in the UK in this situation, yet there are many who seek makeshift shelter night after night here in our towns and cities.

Hopefully, you will never be homeless - and never have to sleep rough.

This event is aimed at giving you an insight into the plight of people less fortunate than you.

Your mission, should you chose to take it, is to sleep outside for just one night in a cardboard box - and experience how some people have to 'live' every night.

On Saturday evening there will be an informative talk and PowerPoint presentation by a member of staff from St George's Crypt (Leeds).



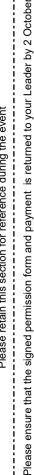
It would be great if this event could raise some money for St George's Crypt.

A suggestion is that participants get sponsored for sleeping out

- it's up to you how you organise your sponsorship.

You will need a large cardboard box, sleeping bag, and determination to sleep out all night. The building will be available should you need more substantial shelter during the night.

To participate, please complete the attached form and return it, along with payment (preferably in cash), to your Leader no later than Friday 2 October 2015.





#### WEST LEEDS DISTRICT





# CARDBOARD BOX SLEEPOVER

Please complete the details below and overleaf and return this form with payment to your Leader by 2 October.

I have noted the details of	of the event and give my permission for
Troop/Unit:	
to par	ticipate in the event.
Please state if he/she has a dis	ability or condition that may affect participation.
I confirm that the personal infor	mation I have previously supplied is still correct.  arate piece of paper and attached it to this return.
	details, in the event of an emergency, are
Name:	Relationship:
Contact phone number/s: _	
Signed:	Parent/Carer
Print:	Date:

I enclose £5 in cash

Deadline for applications is 2 October 2015