

Dear Scouts & Parents / Guardians

Below are the details for the outdoor weekend Camp taking place at
???????????, ??th – ??th Month

MEET: **At Wilson House.** 5:00 P.M Friday

WEAR: **Scout Uniform waist up (shirt and neckerchief)**

BRING: **Kit List** detailed opposite packed in a rucksack
 Permission To Camp Form (No Form = No Camp)
 Money for spends on Tuck Shop
 Packed Friday Tea if needed (first meal is Friday Supper)

The **HOME CONTACT** for the camp is ?????????????? who can be reached on ??????????????

Camp will be arriving at Wilson House at 5:00 pm on Sunday.

Yours Sincerely

Camp Leader Details

Kit List

- Sleeping Bag
- Camp Bed or Sleeping Mat
- Wash Kit & Towel
- Torch And Set Of Spare Batteries
- Tea Towels (Old ones please!!)
- Waterproof Coat & Trousers
- 2 Warm Sweatshirt / Fleece / Jumper (at least)
- 2 T-Shirts / Polo Shirts (at least)
- 2 Tracksuit bottoms (at least)
- Swimming Shorts
- 4 sets of Underwear and Socks
- Thick socks for boots
- Pyjamas
- Boots/Strong Shoes (essential for many activities)
- Hat & Gloves
- Coat Hanger for Uniform
- Trainers/Pumps
- Cake for the Cake Box

The items below we will NOT be responsible on camp,
✘ Mobile Phones / Radio's/ MP3 Players Video Games and other electrical items

Notes

Some of the activities will be mucky so please only send old clothes.

PERMISSION TO ATTEND THE CAMP

To be completed by parent or guardian

I give permission for _____ to attend the Camp at _____
Cost will be £??.??

He / She has / has not* any known allergies to food, medicines or other. Please give details below

He / She has / has not* been immunised against tetanus in the last ten years.

He / She has / has not* been in contact with any infectious diseases within the last 3 weeks?

He / She does / does not* have any special needs or disabilities? Please give details overleaf

He / She is / is not* on any medication currently. Please give details below

He / She can / cannot* swim 50 metres and tread water.

He / She can / cannot* bathe under careful supervision.

***Delete as applicable**

Date of Birth _____

National Health Service Number _____

Name and Address of Family doctor _____

Telephone number _____

During the event my address will be _____

Telephone number _____

I understand that the camp Leader reserves the right to send any participants home if necessary. If it becomes necessary for my child 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 Scouter in charge of the camp to sign any document required by the hospital authorities.

Signed _____ Parent/Guardian Date _____

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have a general consent in advance from parents or to have a leader on hand able to sign forms required by medical authorities.

MEDICINES BEING TAKEN

Name of Medicine	Reason Taken	Quantity and How Often Taken
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FOOD / MEDICINE ALLERGIES

Please detail any food / Medicine allergies below

FOOD DISLIKES

Please detail any STRONG dislikes to any food

PARENTAL CONSENT FOR SHOOTING ACTIVITIES

Please Note that specific Parental Consent is needed before a child can take part in ANY shooting activity. During the above mentioned camp Air Rifle shooting and Archery will be taking place in line with the Scout Associations strict governing guidelines. Please sign below to confirm you have noted the arrangements and give permission for _____ to participate in the aforementioned activities.

Signed _____ Parent/Guardian Date _____