

CAMP INFORMATION

This part to be kept by parent / guardian. Please complete legibly in black ink.



			The following to be completed by the home Scout Leader	
Camp Leaders	Nigel Barnes	Malcolm Smith	Leaving from (place)	
Address	82 Seymour Rd Staplehill Bristol BS16 4TD	55 Vassall Rd Fishponds Bristol BS16 2LR	At (time)	
			Cost:	£
			With a deposit of:	£
			With the balance paid by:	
Telephone	0117 3731791	0117 9390794		
Mobile			The Emergency Contact is	
First Aid	Margaret Exeley, Jack Webb		Name:	
			Telephone number:	
The event	Avon Scout County - Scout Section Patrol Camping competition		Address:	
Will take place at	Woodhouse Park Fernhill Almondsbury South Glos BS32 4LX			
From	Friday 21 st Oct 2011 - 4:00 pm			
To	Sunday 23 rd Oct 2011 - 4:00 pm			

All activities will be run in accordance with the Scout Association's safety rules. The camp organisers can accept no responsibility for the personal equipment, clothing and effects, and the Scout Association does not provide automatic insurance cover in respect of such items.

Complete and sign the following section of the form and return it to the Camp Leader when you book in to the event

I give permission for (name of Scout):	Name, address and telephone number of own Doctor:
Date of birth:	
To attend the Avon Scout County Patrol camping competition at Woodhouse Park From Friday 21 st October 2011 To Sunday 23 rd October 2011	
Date of last Tetanus immunisation:	During the event I can be contacted in an emergency at:
Medicines currently being taken:	
	Telephone number:
Has she/he been in contact with any infectious diseases within the last 3 weeks?	<i>Photographs and video images may be taken at this event, and these may include your child. The images may be used in the media, internet websites, or in other ways to promote Scouting. If you have any objections to the use of your child's image in this way the please write "no photos/video" in this section of the form. We will then do our best to comply with your request.</i>
Does she/he have any allergies to food, medicines etc?	
Does she/he have any special dietary needs?	I understand that the Camp Leaders reserve the right to send any participant home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the camp leader or nominee to sign documents required by the hospital authorities.
Does she/he have any special needs?	
	Signature of parent/guardian:
	Date: