

# Nights Away Information Form



**Event:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Location:** Cwm Newyddion Log Cabin (Abermagwr)

**Meeting place and time:** \_\_\_\_\_

**Collection place and time:** \_\_\_\_\_

**Cost:** £ \_\_\_\_\_

**Transport details:** \_\_\_\_\_

**Activities:** \_\_\_\_\_

**Further details:** Make sure you bring **WATERPROOFS** and **WARM CLOTHES**

**Organiser and contact details:** \_\_\_\_\_

**Contact details during the event:** \_\_\_\_\_

*Please keep this section for your own information, and detach and return the section below.*

**Note:** All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to Scout or Explorer leader by

**Name of young person:** ..... **D.o.B:** .....

**Event:** .....

*I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.*

**Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? Yes / No**

**Emergency contact:** ..... **Phone:** .....

**Doctor's name and contact details:** ..... **Details of any medications currently being taken:** .....

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:** ..... **Details of any infectious diseases he/she has been in contact with in the last three weeks:** .....

*If it becomes necessary for the above named young person 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 Leader in charge to sign any document required by the hospital authorities.*

**Signed:** ..... **Date:** .....

**Relationship to young person:** .....

*Please use the back of this form if more space is required*

**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.

# ***Nights Away Kit List***

*All young people will need to bring their personal equipment and should be encouraged to pack themselves. This list is only a guide.*

- |                          |   |                          |                                    |
|--------------------------|---|--------------------------|------------------------------------|
| <input type="checkbox"/> | Complete uniform                        | <input type="checkbox"/> | Scarf, hat and gloves              |
| <input type="checkbox"/> | Warm sweaters, jumpers or sweatshirts   | <input type="checkbox"/> | Sun hat, sun cream and sun glasses |
| <input type="checkbox"/> | T-shirts or similar                     | <input type="checkbox"/> | Sleeping bag                       |
| <input type="checkbox"/> | Trousers or shorts                      | <input type="checkbox"/> | Foam roll / karrimat               |
| <input type="checkbox"/> | Spare underclothes (one pair per day)   | <input type="checkbox"/> |                                    |
| <input type="checkbox"/> | Spare socks (one pair per day)          | <input type="checkbox"/> | Tea towel                          |
| <input type="checkbox"/> | Nightwear                               | <input type="checkbox"/> | Torch and spare batteries          |
| <input type="checkbox"/> | Hike boots or strong shoes              | <input type="checkbox"/> | Personal first aid kit             |
| <input type="checkbox"/> | Waterproof (coat and trousers)          | <input type="checkbox"/> | Day sack and plastic drinks bottle |
| <input type="checkbox"/> | Swimwear and towel                      | <input type="checkbox"/> | Polythene bags (for dirty clothes) |
| <input type="checkbox"/> | Camera                                  | <input type="checkbox"/> | Teddy!                             |
| <input type="checkbox"/> | Personal washing requirements and towel | <input type="checkbox"/> |                                    |
| <input type="checkbox"/> |   | <input type="checkbox"/> |                                    |