



# LODDON DISTRICT EXPLORER SCOUTS

Charity Number 276613



## “Gilwell Winter Camp” 12<sup>th</sup>-14<sup>th</sup> January 2018 – Permission to Camp Form

**I give permission for my Explorer Scout:** .....

**To attend the:** “Gilwell Winter Camp” **Total All-In Cost: £70**

**Location/s:** Gilwell Park, Chingford, London, E4 7QW

**From/To:** Paddick’s Patch, Leaving 6pm on Friday, Arrival approx. 4pm Sunday

**Under the supervision of:** **Stuart Johnson** (and other Explorer & District Leaders)

I will inform you if my Scout is in contact with any infectious diseases within three weeks of the event, and if he/she is under current medical treatment and details of any medication taken. I understand that the Camp Leaders reserve the right to send any participant home if necessary. If it becomes necessary for my Scout 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 medical treatment and authorise the leaders in charge of the camp to sign any document required by the medical authorities.

**I enclose £40 Deposit for my Explorer.** (Please bring completed form + Deposit to Paddicks with you)

Signed ..... Date .....

Please print full name (of parent/guardian) .....

Relationship to Scout.....

Home address: .....

Home telephone number: ..... Mobile/Work Number: .....

**Please write overleaf details of the following: Any Medical Conditions, Medicines, Diets, Treatments Currently Being Taken, Special Needs or Requirements. Any known Allergies, Sensitivities, Disabilities, Cultural Needs, or any other items which may be relevant to, or affect your**

**child’s participation in this event/activity.**

A First Aid Trained Leader may administer the appropriate minor treatment/precautions (as listed below) if required.	YES	NO
Children’s Soluble Paracetamol		
Sticking plasters / Micropore and Melanine (as appropriate)		
Waspeze or similar		
Anti-Histamine (eg clarityn) dosage as recommended on the packaging		
‘Burn Free’ Gel or similar		
Alcohol Free Wound Cleansing Wipes		
Saline Solution for wound cleaning or eye wash		

Date of Birth:.....

Contact address and Tel No(s) during camp (if different to above). .....

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Please detail any other relevant information overleaf. Thank you. Additional Details overleaf? Yes/No

**Please note that all information provided will be treated in strict confidence**

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 particular treatment has the right to do so. 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 to sign forms required by medical authorities

**LODDON DISTRICT EXPLORER SCOUTS**

Charities Registered Number 276613

Website: <http://www.loddonexplorers.co.uk/>

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