

Camp Information

Earley Scout Troop Easter camp is being held at The Shaws Guide Camp

The Shaws Guide Camp, Cudham, SEVENOAKS, TN14 7QT

Leaving From 5th Dartford Scouts Hall

Parents assisting with transport, which will be arranged at the camp meeting.

Departing	09:00	Friday 02Apr09	Arriving Back	17:00	Sunday 04Apr09
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The Camp Leader will be	Dave Monteith	Assistant Leaders: Keith Furlong, Jason O'Brien
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The Shaws Guide Camp is one of our local campsites, which is a well established site that is used by both Scouts and Guides. It is an ideal campsite for lots of scouting activities and looking to arrange several on sites activities including grass sledging and mountain boarding.

We are cycling on Friday morning from the Scouts Hall to the campsite, once there we are planning to operate a patrol competition and cooking over open fires. The scouts are expected to wear top half of scout uniform traveling to and from the camp. All activities will be run in accordance with the Scout Association's Safety Rules. No responsibility for personal equipment, clothing and effects can be accepted by the Camp Leaders the Scout Association DOES NOT provide automatic insurance cover in respect of such items. It is mandatory for all scouts to wear cycle helmets.

Any surplus funds at the end of the camp which has not been spent on camping fees, food, gas, paraffin, activities will be invested in the upkeep of the groups camping equipment.

If you would like your son to attend the cost will be £ 20 to be returned with the Health form before 19March.

The parents meeting pre-camp meeting:- **19:30 - 20:00 Friday 26th March 2010**

Home Contact

Please use the leader's mobile numbers in order to contact your son in case of emergency.

Paul Boreham – 07703 204 129
Dave Monteith – 0790 422 5733

Please contact me if you require any further information, and return the attached Health Information Form together with your deposit, by the date specified above (late return may mean that your Son/Daughter may not be able to attend the Camp/Holiday).

Signed *P. J. Boreham*

Date: 3rd March 2010

Tel. No. 07703 - 204 129

Health Information Form

Camp/Holiday Location	The Shaws Guide Camp, Cudham, SEVENOAKS, TN14 7QT	From Friday 2nd April 2010 To Sunday 4 th April 2010
Camp/Holiday Leader	Dave Monteith	Assistant Camp Leaders – Keith Furlong; Jason O'Brien

This section (both sides) is to be completed by the Parent or Guardian of the young person named below. Please answer the following 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 in BLOCK CAPITALS)

Surname		Date of Birth
Forenames		National Health Service Number
He/She may bathe under careful Supervision.		Date of last Tetanus injection (If no date given it will be assumed that a Tetanus is required)
Parent/Guardians Address During the Camp/Holiday		Family Doctors Name and Address
Telephone		Telephone

I hereby give permission for my child to attend the aforementioned Camp.

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 Camp/Holiday leader named overleaf (or in their absence one of the assistant camp/holiday leaders named overleaf), to sign any document required by the hospital authorities.

I will inform the Camp/Holiday Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian		Relationship to Young Person
Signature		Date

The Camp/Holiday Leader (or in their absence one of the assistant Camp/Holiday leaders named overleaf) may administer the appropriate minor treatment/precautions (as listed below) if required.

Headache

Stomach Upset

Cuts & Grazes

Colds etc.

Other Specific Ailments

Please continue below if required.

In the space below please give details of the following:-

1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
3. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines).
(If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labeled with their) (name and the exact dosages, and should be handed to the Camp Leader/First Aider before departure.)

Please continue on a separate sheet if required (Remember to include your child(s) name on any separate sheets and attach them securely to this form)