

# Camp/Holiday Information Form

**1st Stotfold Scout Group, Biggleswade & District, Bedfordshire**  
 Scout Headquarters, Baldock Road, Stotfold, Hitchin, Herts, SG5 4PB  
 Website: [www.stotfoldscouts.org.uk](http://www.stotfoldscouts.org.uk) E-mail: [admin@stotfoldscouts.org.uk](mailto:admin@stotfoldscouts.org.uk)



Name of Section	<input style="width: 100%;" type="text"/>		
Leader's Name	<input style="width: 100%;" type="text"/>		
Leader's Address	<input style="width: 100%;" type="text"/>		
Leader's Email	<input style="width: 35%;" type="text"/>	Leader's Tel	<input style="width: 30%;" type="text"/>
Name of Event	<input style="width: 100%;" type="text"/>		
Will take place at	<input style="width: 100%;" type="text"/>		
Start date & time	<input style="width: 25%;" type="text"/>	Finish date & time	<input style="width: 25%;" type="text"/>
Leaving from	<input style="width: 40%;" type="text"/>	Is transport required?	YES/NO
Cost	<input style="width: 15%;" type="text"/>	With a deposit of	<input style="width: 15%;" type="text"/>
		To be paid by	<input style="width: 25%;" type="text"/>
Home Contact	<input style="width: 100%;" type="text"/>		

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 camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.



This part is to be completed and returned to the leader by

I give permission for  
 (name of child): .....

to attend the camp/holiday at: .....

from: .....

To: .....

Has she/he been in contact with any infectious  
 diseases within the 3 weeks?: .....

Date of last tetanus immunisation: .....

Medicines currently being taken: .....

Does she/he have any allergies to food, medicines or  
 other? .....

Does she/he have any special dietary needs? .....

Does she/he have any special needs? Please continue  
 overleaf if necessary: .....

She /he can/can not swim 50 metres and tread water.  
 She/he may/may not bathe under careful supervision.

Name, address and telephone number of own Doctor:  
 .....

National Health Number: .....

Date of birth: .....

During the event I can be contacted in an emergency at:  
 .....

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.

Signature of 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 Child 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 general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.