## Activity Information Form

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| **Parental consent and details** |
| **Event:** | Autumn District Event 2018 | **Date:** | 6th October 2018 |
| **Location:** | Pensthorpe Natural Park Fakenham NR21 0LN |
| **Meeting place and time:** | Frosts Car Park, Bidwell Close, Drayton, NR8 6AP at **9.00am**  |
| **Collection place and time:** | As above at **5.15pm** |
| **Wear:** | Clothes suitable, group necker, wellies, trainers or shoes |
| **Further details:** | See parent letter  |
| **Home Contact and contact details:** | **Please insert** |

*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 Section Leader by **please insert date**

|  |  |  |  |
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| **Name of young person :** |  | **D.o.B:** |  |
| **Event:** | Autumn District Event 6th October 2018  |
| **Emergency contact details:** |  |  |  |
|  **Name** | **Phone:** |
|  |  |

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| **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 activity:**  | **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.*

I understand that photographs will be taken during the event in accordance with the UK Scout Association’s Child Protection Policy and I give permission for my child to be photographed. ***(Please delete this paragraph if you do not give permission).***

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| **Signed:** |  | **Date:** |  |
| **Relationship to young person:** |  |

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