

# Activity Information Form



**Event:** Area Cub Tree Planting & Activity Day **Date:** Saturday 4<sup>th</sup> March 2017

**Location:** Castle Dock Woods, Stackpole

**Meeting place and time:** 10am there.

**Collection place and time:** 3.00pm

**Cost:** None

**Transport details:** Parent to Transport

**Wear / Bring:** Group Neckerchief, wellies or walking boots. Warm, waterproof outer clothing. Bring a packed lunch and drinks.

**Further details:** We will be planting some trees to replace those lost in storms in the hope that they will be there for the next 100 years of Cub Scouting!

**Organiser and contact details:** **Pat Parkhurst AKELA Tel: 01834 871260 Mobile 07772355447**  
Clay Park House, Manorbier, Nr Tenby. SA70 8QN

*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 Akela by 17<sup>th</sup> February 2017.

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

**Event:**

*I have noted the arrangements above and agree to the named young person taking part.*

**Are you happy for photos to be taken for publicity purposes? No young people will be named.** **Yes / No**

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

**Doctor's name and contact details:** ..... **Details of any relevant 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.*

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

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

**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.