

## **Activity Information Form**

## **Expedition Challenge 2012**

| Event:   | Expedition Challenge  | Date: 22 <sup>nd</sup> Apr, 3 <sup>rd</sup> June, 22 <sup>nd</sup> - 24 <sup>th</sup> June                        |
|--|---|---|
| Location:  | Various   |   |
| Cost:  | £18 (Note. Does not include                                       | Food / Equipments Costs incurred by each group)   |
| Wear / Bring:  | Uniform top-half and outdoor                                      | clothing appropriate for the day's weather  |
| Organiser and contact details  | : Andy Yarr 07977 023 3   | 35 andy.yarr@virgin.net   |
| Please keep this s   | ection for your own informatio                                    | n, and detach and return the section below.   |
| <b>Note:</b> All activities will be run in accordance w<br>by the organisers and The Scout Association       |   | No responsibility for the personal equipment/clothing and effects can be accepted<br>or in respect to such items. |
| ×  |   |   |
| Please complete and return this  | section to Andy Yarr by Frida                                     | y the 13th April (by email preferably)  |
| Name of young person:  |   | D.o.B:  |
|  |   |   |
| Parent's Email Address:  |   | Scout Group:  |
| Parent's Email Address:<br>Event: Expedition Challenge 20  |   | Scout Group:  |
| Event: Expedition Challenge 20   | 12<br>8 (please makes cheques pay                                 | vable to Greenock District Scout Council )  |
| <b>Event:</b> Expedition Challenge 20<br><i>I enclose a cheque / cash for £1</i>                             | 12<br>8 (please makes cheques pay<br>above and agree to the named | vable to Greenock District Scout Council )<br>d young person taking part.   |
| <b>Event:</b> Expedition Challenge 20<br>I enclose a cheque / cash for £1<br>I have noted the arrangements a | 12<br>8 (please makes cheques pay<br>above and agree to the named | vable to Greenock District Scout Council )<br>d young person taking part.   |

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: \_\_\_\_\_ Date: \_\_\_\_\_\_ Please use the back of this form if more space is required

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