

# Fifth Dunstable (Methodist)

HQ: The Methodist Church, The Square, Dunstable

Web: [www.5thdunstablecouts.org.uk](http://www.5thdunstablecouts.org.uk)



Jenny Ryder

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## SUMMER CAMP 2018

### Information and Contact Form

The 5th Dunstable Cub Pack are going to be camping this summer at Gilwell Park, Bury Road, Chingford, E4 7QW

**Departure** - Please deliver your cub(s) to the campsite at 10:00 on Sunday, 22nd July

**Return** - Please collect your cub(s) up from the campsite at 19:00 on Tuesday, 24<sup>th</sup> July

**Cost** £60 for the whole camp

£20 for one day only\*

\*dependant on space, priority will be given to full weekend campers as activities are limited to the number of individuals who can take part.

**Camp fees must be paid in full no later than Wednesday, 4<sup>th</sup> July. Cheques payable to 5<sup>th</sup> Dunstable Scout Group.**

Cubs will need to bring their own personal equipment. A suggested kit list for the Cubs is available on our website. **NAMES MUST BE ON ALL BELONGINGS.**

All activities will be run in accordance with the Scout Association's safety rules. I am afraid *NO RESPONSIBILITY* can be accepted for personal equipment, clothing or other effects by the camp organisers, leaders or helpers. The Scout association DOES NOT provide automatic insurance cover in respect of such items.

Cubs on Wednesday, 11<sup>th</sup> July will finish at the slightly earlier time of 19:15, Parents of Cubs attending camp are asked to stay for a short meeting on Camp.

Information regarding pocket money for camp and snacks can be found on the Kit List on our website.

Yours in Scouting

A handwritten signature in black ink, appearing to be 'Jenny Ryder'.

Jenny Ryder

Cub Scout Leader

**SUMMER CAMP 2018**  
**Permission to Attend**

This form is to be completed by the Parent/Guardian of the named Cub Scout. It gives the responsibility for your child to the Camp Leader and authorises them to sign on your behalf any papers needed by the medical authorities in case of emergency hospital treatment.

I give permission for \_\_\_\_\_ to attend the Cub Scout camp from 22<sup>nd</sup> to 24<sup>th</sup> July 2018.

I will inform you if he/she is in contact with any infectious disease within one week of the event, if any medicines and/or diet have to be taken or followed during the event. I will also supply appropriate hospital details if under current treatment.

If he/she has to take ANY PILLS OR MEDICATION I understand that they MUST BE handed to YOU by MYSELF CLEARLY MARKED with the Cubs name, address, exact dosage and frequency plus my own signature before departure.

I authorise you as Camp Leader to sign on my behalf any written forms of consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable by the surgeon concerned.

My child HAS/HAS NOT any known allergies/sensitivities (e.g. penicillin) or disabilities (e.g. travel sickness, asthma etc.)

If he/she HAS, please give full details of precautions/remedies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

He/she HAS/HAS NOT been immunised against tetanus in the last three years.

What does he/she usually take for headache \_\_\_\_\_

What does he/she usually take for stomach upset \_\_\_\_\_

His/her NATIONAL HEALTH SERVICE NUMBER IS \_\_\_\_\_

His/her DOCTOR's NAME IS \_\_\_\_\_

ADDRESS

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

During the camp my address will be:

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE CONTACT CAN BE MADE DAYTIME \_\_\_\_\_

EVENING \_\_\_\_\_

Notes reference contact \_\_\_\_\_

\_\_\_\_\_

I understand should any serious misconduct occur involving my child or they present a strong desire to return home contact will be made and it is my responsibility to arrange for early transportation without any refund of any camp fees paid.

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_