

SUMMER CAMP 2019

Information and Contact Form

The 5th Dunstable Cub Pack are going to be camping this summer at Tolmers Scout Activity Centre, Tolmers Road, Cuffley, EN6 4JS

Departure - Please deliver your cub(s) to the campsite at 19:00 on Friday, 21st June

Return - Please collect your cub(s) up from the campsite at 14:00 on Sunday, 23rd June

Cost £40 for the whole camp
£20 for Saturday*

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

Cheques payable to 5th 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, 19th June 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



Jenny Ryder
Cub Scout Leader

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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 21st – 23rd June 2019.

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 _____