

## SUMMER CAMP 2025

### Information and Contact Form

The 5th Dunstable Cub Pack are going to be camping this summer at Tolmers Scout Activity Centre.

**Departure** - Please deliver your cub(s) to the campsite at 19:00 on Friday, 20th June

**Return** - Please collect your cub(s) up from the campsite at 14:00 on Sunday, 22nd June

Data provided on the attached forms will be stored and processed in line with our privacy notice which can be found on our website – [www.5thdunstablecouts.org.uk/privacy.php](http://www.5thdunstablecouts.org.uk/privacy.php)

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.

There will be a meeting at 19:15, 18th June for parents and guardians of Cubs attending camp.

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

Yours in Scouting



Jenny Ryder  
Group Scout Leader

## SUMMER CAMP 2025 - 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 20th – 22nd June 2025.

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.

I understand that any medication my Cub has to take **must be** handed to a leader by myself and must be clearly marked with the Cubs name, exact dosage and frequency.

Please detail here any medication your Cub will need to take at Camp:

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 Cub HAS/HAS NOT any known allergies/sensitivities or disabilities.

Please detail here any allergies, sensitivities or disabilities:

He/she HAS/HAS NOT been immunised against tetanus.

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: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Notes on emergency contact: \_\_\_\_\_

**Dietary Requirements**

Please detail below any dietary requirements for your Cub, including any food that is strongly disliked:

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 \_\_\_\_\_