Activity	Infor	mation	Form
 			

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1st Sandleheath Sea Scouts & Avon Valley Explorers

Event:	Dates:
Location:	
Meeting place and time:	
Collection place and time:	
Cost:	
Transport details:	
Activities:	
Further details:	
Organiser and contact details:	
Home Contact and contact details:	
Please keep this section for your own informa	ation, and detach and return the section below. PTO
Note: All activities will be run in accordance with The Scout Association's safety Rule the organisers and The Scout Association does not provide automatic insurance cover	s. No responsibility for the personal equipment/clothing and effects can be accepted by in respect to such items.
Please complete and return this section to	by
Name of young person:	D.o.B:
Event:	
	cheques payable to) amed young person taking part. I understand that the event beemed necessary.
Is he/she able to swim 50 metres and stay afloat for five	-
Emergency contact:	Phone:
Doctor's name and contact details:	Details of any medications currently being taken:
Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:	Details of any infectious diseases he/she has been in contact with in the last three weeks:
authorise this, I hereby give my general consent to any nece	n to receive medical treatment and I cannot be contacted to essary medical treatment and authorise the Leader in charge
to sign any document required by the hospital authorities. Signed:	Date:
Relationship to young person:	
	Please use the back of this form if more space is required
Thus, medical consent forms have no legal status and a doctor or nurse insisting on th	the statement above. However, it can be a comfort to medical staff to have general