## Nights Away Information Form



|  |  |  |  |
| --- | --- | --- | --- |
| ***(Group Name)*** | | | |
| **Event:** |  | **Dates:** |  |
| **Location:** |  | | |
| **Meeting place and time:** |  | | |
| **Collection place and time:** |  | | |
| **Cost:** |  | | |
| **Transport details:** |  | | |
| **Activities:** |  | | |
| **Further details:** |  | | |
| **Organiser and contact details:** |  | | |
| **Contact details during the event:** |  | | |

*Please keep this section for your own information, and detach and return the section below.*

**Note:** All activities will be run in accordance with The Scout Association’s safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

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Please complete and return this section to by

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of young person:** | |  | **D.o.B:** |  |
| **Event:** |  | | | |

*I enclose a cheque / cash for £ (please makes cheques payable to )*

I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? | | | Yes / No | |
| **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:** | | |
|  | |  | | |

*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:** |  |
| **Relationship to young person:** |  | | |

*Please use the back of this form if more space is required*

***Nights Away Kit List***

|  |  |  |  |
| --- | --- | --- | --- |
| *All young people will need to bring their personal equipment and should be encouraged to pack themselves. This list is only a guide.* | | | |
|  | Complete uniform |  | Scarf, hat and gloves |
|  | Warm sweaters, jumpers or sweatshirts |  | Sun hat, sun cream and sun glasses |
|  | T-shirts or similar |  | Sleeping bag |
|  | Trousers or shorts |  | Foam roll / karri-mat |
|  | Spare underclothes (one pair per day) |  | Tea towel |
|  | Spare socks (one pair per day) |  | Torch and spare batteries |
|  | Nightwear |  | Personal first aid kit |
|  | Hike boots or strong shoes |  | Day sack and plastic drinks bottle |
|  | Waterproof (coat and trousers) |  | Polythene bags (for dirty clothes) |
|  | Swimwear and towel |  | Teddy! (Optional) |
|  | Hankies |  |  |
|  | Personal washing requirements and towel |  |  |
|  |  |  |  |
| * It is best to pack a rucksack or sports bag that you can carry on your back. Suitcases are not suitable for tents. * All items should be clearly labelled with the young person’s name. | | | |