

Fordell Fast Forward

A Camp for Older Cubs and Younger Scouts
21st - 23rd May 2010 fordellfastforward.org.uk



FORDELL FAST FORWARD CAMP INFORMATION

This part to be kept by parent/guardian. Please complete legibly in black ink

**Please return completed attached section of this form and deposit of £15 by: _____
to your Son / Daughter's Leader.**

Camp Leader:

Richard Fairbairn
c/o Fordell Firs National Activity Centre, Hillend,
Dunfermline, Fife, KY11 7HQ

From Friday 21st May 2010 **To:** Sunday 23rd May 2010

Leaving From: _____

At: _____ pm on Friday 21st May returning at around _____ pm on Sunday 23rd May. **Your Leader will confirm the arrangements nearer the time.**

The Total cost of the camp is £35.00
The deposit of £15 must be paid, and the form filled in and **returned by** _____ to you Son / Daughter's Leader. The deposit is non-returnable.

With the balance being paid by _____
Any cheques should be made payable to " _____ "

The Camp will take place at: Fordell Firs National Activity Centre, Hillend, Dunfermline, Fife, KY11 7HQ

In an Emergency the Home contact is:

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 camp organisers and The Scout Association does not provide automatic insurance cover in respect of such items

**Please return completed attached section of this form and deposit of £15 by: _____
to your Son / Daughter's Leader.**

Suggested Kit List – All items should be clearly labelled with the Young Person's Name			
Uniform		Plate, Bowl, Mug and Cutlery	
Sweater, Jumper or Sweatshirt		Wool hat, scarf and gloves	
T-Shirts		Sun Hat, Sun Cream and Sun Glasses	
Trousers & Shorts		Sleeping Bag	
Spare Underclothes		Foam Sleeping Mat / Groundsheet	
Spare Socks		Tea Towel & BathTowel	
Nightware		Hankies (Handy Andies etc)	
Wellies / Boots		Personal Washing Kit	
Training Shoes		Torch and Spare Batteries	
Waterproof		Day Sack	
Swimwear			
Please pack in either Rucksack or Sports bag			

www.fordellfastforward.org.uk

Fordell Fast Forward

Young Person Permission Form

This part must be returned to your Leader by _____

I give permission for:

Name: _____

Address _____

_____ (Tel) _____

CUB / SCOUT / YOUNG LEADER*

*Delete as appropriate

Date of Birth: _____

District: _____

Group _____

To attend the Fordell Fast Forward Camp at Fordell Firs National Activity Centre, Hillend, Dunfermline, Fife, KY11 7HQ

From: Friday 21st May 2010

To: Sunday 23rd May 2010

Has she/he been in contact with any infection diseases with the last 3 weeks? _____

Date of last tetanus immunisation:

Medicines Currently being taken:

Does she/he have any allergies to food, medicines or other?:

Does she/he have any special dietary needs?

Does she/he have any special needs, please continue over leaf if necessary:

She/he can/cannot swim 50m and tread water
She/he may/may not bathe under careful supervision

Name, address and telephone of our own doctor:

Dr _____

Address _____

_____ (Tel) _____

During the camp I can be contacted at:

Address _____

(Tel) _____ (Mobile) _____

*I understand that photographs / video may be taken of my child and may be made viewable on a Scout Association Website or the Press. No names will be associated with the images.

*** Please delete the above if permission is NOT given.**

I accept that the Scout Association will be keeping information about my son's/daughter's participation in the camp for Scouting purposes and purely for the safe running of the camp.

I give explicit consent to the holding of information of my son's/daughter's health & disabilities; again for Scouting purposes and the safe running of the camp.

I understand that the Camp Leader reserves the right to send any participants home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give general consent to any necessary medical treatment and authorise the Scouter in charge of the camp to sign any document required by the hospital authorities.

Signature of Parent/Guardian _____

Date _____

Note: The medical profession takes the view that the parent's consent to treat cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have the general consent in advance from parents or to have a leader on hand able to sign forms required by medical authorities.

CONFIDENTIAL