



Scouts & Parents.

We are again supporting Save the Children Den Day and we are asking scouts to build "DENS" (Shelters, bivvys, temporary shelters) on Friday 16<sup>th</sup> June and then sleep in them overnight. The cost of the camp is £10 and all the profit will be sent to support Save the Children as part of their DEN DAY PROMOTION. We are also asking scouts to be sponsored so we can raise even more money for the cause, please use the attached sponsor form.

## THE IDEA IS FOR YOU TO GET BUILDING!

We had some excellent efforts last year, but we also had some disasters! This year REALLY let YOUR imagination take over! Teepees, cardboard cottages, camouflage caves, spaceships, whatever you want! Decorate it with flags, lights, posters, cushions, curtains or even wallpaper. Team up and build them together; two's company but eight is a party. We will give a prize to those who build the best den.

You need to source the materials, tarpaulins, cardboard, rope etc. We can help with some of it but our stocks are limited. Access to the Scout Hut will be available for toilets, changing AND JUST IN CASE OF BAD WEATHER! Breakfast and Supper will be provided. Drop off time is 7:00pm and pick up in the morning at 10:30am.

If you have any queries please contact me THANK YOU

Yours in Scouting

Bruce

**Penistone Scouts** 

bruce68@hotmail.co.uk Tel: 01226 762081

Mobile: 07921 766357

## KIT LIST

Sleeping Bag
Sleeping Mat
Torch
Warm Clothing
Blanket
Wash Kit





## **CONSENT AND HEALTH INFORMATION FORM**

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY



Full Name:	Date of Birth:	
	Religion:	
Address:		
Telephone No (incl. code): (01 )	_	
Emergency Contact Name:	Relationship:	
Emergency Contact Address (during event):		
Full Telephone No (incl. code):		
PERMISSION TO TAKE PART (To be completed by parent/guardian)		
I hereby agree to my son/daughter taking part in <b>DENDAY</b> at the Scout	Signature:	
Hut on Friday16th June 2017		
	Dated:	
MEDICAL INFORMATION (To be completed by parent/guardian)		
Doctors Name:		
Doctors Address:		
Telephone No (day) (Incl. code): (01 ) Telephone No (night) (Incl. code): (01 )		
HEALTH INFORMATION (It is important to complete this as fully as possible – continue overleaf)		
* delete as necessary   Give details to "YES" answer.		
Are there any medical or health reasons why he/she should not take part	*NO/YES	
in the activity?		
Has he/she been in contact with any infectious illness in the last 3 weeks?	*NO/YES	
(Please inform us of this on the date of departure)		
Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS,	*NO/YES	
EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY?		
Is he/she taking any form of regular medication?	*NO/YES	
Does he/she suffer from TRAVEL SICKNESS	*NO/YES	
Is he/she allergic to ANTIBIOTICS, PLASTERS or any other MEDICINES or	*NO/YES	
FOOD?	NOTES	
Are there any SPECIAL or DIETARY needs?	*NO/YES	
Date of his/her last ANTI-TETANUS injection (if known).		<u> </u>
Should the necessity arise, and I cannot be contacted by telephone or any other practical means to authorise urgent medical treatment to the above named, I hereby give my general	Signature:	
consent to the Scouter in charge to authorise the medical authorities to give any necessary	Dated:	
medical treatment.		
DATA PROTECTION (To be completed by parent/guardian)		
I understand that all details including disabilities / religion of the above named will be kept	Signature:	
for Scouting purposes only, and that photographs and video may be taken and used for Scouting promotional activities.	Dated:	
Scouling promotional activities.		



