**Alderley Edge Cub Caving**

**21st January 2018**

**Dear Cub parents,**

On the date seen above (21st January 2018) we are going caving at Alderley Edge (south of Stockport), this is provided by the Derbyshire (NW) Scout Caving Team.

**Where, When and Cost**

**Where:** Derbyshire Scout Caving Team (DSCT) will be meeting us at the National Trust Car Park SK10 4UB

**When:** Meet at the National Trust Car Park SK10 4UB **by 09:30am 21st January 2018**

 Pickup will be at 16:00 from the same place, this time is a guide; the team will aim for this but we may be a tad later so don’t worry!

**Cost:** The cost is **£8.50**

This cost covers the instructors from DSCT as well as a £1.50 donation to Derbyshire Cave Rescue Organisation (DCRO).

**PLEASE bring a packed lunch** as we will eat underground between the two mines we are exploring on the day.

If you have any questions/concerns regarding the trip please do not hesitate to contact one of the leaders.

On behalf of the Cub Leader Team,

Sam Hough,

M: 07445021602
E: sam@penistonescoutgroup.org.uk

**KIT LIST FOR CAVING**

**Please send your cub with their lunch & adequate drinks for throughout the day (you never know, it may be hot!!)**

***FROM THE PROVIDER***

All caving/mine exploration trips can get wet and muddy.
Please wear clothes you don't mind getting filthy, **strictly no jeans.**

You should wear/bring:

* Warm trousers
* Thick socks
* Wellies, walking boots will suffice if you don't have wellies
* T shirt
* Fleece/jumper
* Thin coat
* Gloves (Washing up gloves are best)
* Personal medication such as inhalers or epi pens
* **A FULL CHANGE OF CLOTHES**

We will provide:

* Helmet
* LED headlight
* Safety belt

CONSENT AND HEALTH INFORMATION FORM

|  |  |
| --- | --- |
| 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 Caving @ Alderley Edge January 2018 | **Signature:** **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 in the activity? | \*NO/YES |  |
| Has he/she been in contact with any infectious illness in the last 3 weeks? **(Please inform us of this on the day)** | \*NO/YES |  |
| Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS, EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY? | \*NO/YES |  |
| 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 FOOD? | \*NO/YES |  |
| Are there any SPECIAL or DIETARY needs? | \*NO/YES |  |
| Date of his/her last ANTI-TETANUS injection (if known). |  |
| Any other information we should be aware of? |  |
| 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 consent to the Scouter in charge to authorise the medical authorities to give any necessary medical treatment. | **Signature:** **Dated:** |
| ***DATA PROTECTION*** (To be completed by parent/guardian) |
| I understand that all details including disabilities / religion of the above named will be kept for Scouting purposes only, and that photographs and video may be taken and used for Scouting promotional activities. | **Signature:****Dated:** |

*THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY*