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**Penistone Scouts – GROUP SLEEPOVER**

**Friday 11th May 2018**

Dear All,

Please see below the final arrangements for the Ice Sheffield Sleepover on Friday 11th May:

**Venue: Ice Sheffield, Coleridge Road, Sheffield S9 5DA**

**Drop off: Friday 6pm**

**Pick-Up: Saturday 9am**

The cost of the event is £25 (payable to Penistone Scouts Camp Account), if full payments are outstanding for bookings made please make sure monies are paid at section meetings ASAP.

Kit:

Activity clothing, necker, roll mat, sleeping bag, PJs, wash bag, named drinks bottle

Please complete and return the attached consent form either to your child’s section or at check-in on the night. Any medicines will need signing in at check-in, please make sure these are clearly labelled.

The event will include the opportunity to go on the high ropes course and some group led activities, followed by a midnight skate and the opportunity to trial curling. An evening meal along with breakfast will be provided at the venue. There will be squash available throughout the night so if your child could please bring a named drinks bottle they can top this up. They may wish to bring some money to buy snacks during the evening. There will be a souvenir blanket badge for all participants after the event.

If you have any questions or need to get in touch during the event please contact me on the details below.

Thanks

Laura

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 ICE COLD IN SHEFFIELD at ICE SHEFFIELD Friday 11th to Saturday 12th May 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 date of departure)** | \*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). |  | | |
| 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:** | | |