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**Penistone Scouts – GROUP SLEEPOVER**

**Friday 11th May 2018**

Dear All,

We have arranged a SLEEPOVER for the entire group at ICE Sheffield, the event will include the chance to take part in curling, try your hand at the high ropes course and a midnight ice skate.

The cost of the event will be £25 per person and includes evening meal and breakfast and a souvenir badge.

Please return the consent form along with £25.00 “Cheques payable to PENISTONE SCOUTS CAMP ACCOUNT”. Unfortunately places are limited to 200 and as we have over 300 group members, please book your place in early to avoid disappointment?

Further details including a kit list will be sent nearer the time

I trust this is to your satisfaction, please do not hesitate to contact me should you have any questions?

Regards

Bruce

Penistone Scouts

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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:** | | |