**Viernes Troop Caving Trip**

**11th February 2018**

**Dear Scout parents,**

We have been able to secure another date for CAVING for those who didn’t get the choice last time. We are going caving in the Castleton area this is provided by the Derbyshire (NW) Scout Caving Team.

**Where:** Scouts will be travelling by minibus to the venues so drop off will be at the Scout Hut.

**When:** Meet at the Scout Hut car park **by 8:00.** Pickup will be at **16:30** from the Scout Hut – if this time changes we will advise you via text message on the day.

**Cost:** The cost is **£14.00**

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 whilst on surface in between the trips.

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

Regards,

Sam

**Sam Hough**

On behalf of the Leader Team,

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

**KIT LIST FOR CAVING**

**Please send your scout 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 @ Castleton Area 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 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:** |