**Bella Vista Spring Camp**

**28th-29th April 2018**

**Dear Cub parents,**

**On the date seen above Bella Vista will have our yearly spring camp!**

They will be completing a variety of activities, as well as completing a hike through the countryside to a site of local interest (to be confirmed later… but it’s an interesting one!).

See below details and also complete the attached consent, and hand this in, as well as money, ASAP.

**Where, When and Cost**

**Where:** The camp will be at Penistone Scout Hut.

**When:**  Drop off will be on **Saturday 28th April between 09:00 & 09:30.**

Pickup will be on **Sunday 29th at 12:00**

**Cost:** The cost is **£15**

This cost covers the materials required for the activities and food. However, as a couple of our Young Leaders are attending the 2019 Jamboree, they will be running a small tuck shop on Saturday night, so if you wish to please send them with a small amount of pocket money.

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

Regards,

Sam Hough,

On behalf of the Bella Vista Cub Leader Team,

07445021602

**KIT LIST FOR CAMPING**

|  |
| --- |
| ***To be worn on arrival*** |
| Uniform Jumper  Necker (Penistone Scout Group necker) |
| ***Luggage*** – (Contained in one large bag / rucsac) |
| Waterproofs |
| Sleeping Bag |
| Sleeping Mat |
| Blanket |
| Toiletries & Towel |
| Suitable and enough clothing for weather and length of trip **(T-shirts, Jumper / hoody, underwear etc.)** |
| Walking Boots or Shoes |
| Cutlery (Knife, Fork, Spoon, Tea Towel, Plate, Mug & Bowl ,Tea Towel) in a named bag |
| Drinks Bottle |
| Notebook / Diary & Pen (optional) |
| Plastic Bag for dirty washing |
| Teddy Bear (optional) |
| Torch |
| Small amount of spending money if required (Cubs will be responsible for looking after their own money)  Cake for camp/a *sensible* amount of sweets |

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 the Bella Vista Half Term Camp 28th- 29th April 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:** | | |