

PANTOMIME TROOP ADVENTURE CHALLENGE DAY

You are invited to take part in a special Scout team challenge at Whickham Thorns Activity Centre on Saturday 30th June 2018.

We are inviting each troop to enter at least one team of 5 or 6 Scouts into a fun activity competition, with Troops being able to enter as many teams as they like (and any reserves or teams of less than 5 Scouts being matched with other Scouts from other troops to make 'district teams').

Each team will have to work together, under an elected team leader, to undertake a series of individual and team activity challenges in our Pantomime themed activity centre, each with a quirky Scouting twist!



How to take part:

Please return the attached permission/medical form to your Scout leader, with £10 entrance fee, by Friday 22nd June. Your Scout Leader will then arrange for you to be grouped into teams, or if necessary, to be grouped into a district team.

When: Saturday 30th June 10-4pm (you can arrive from 9.30am)

Where: Whickham Thorns Activity Centre, Market Lane, Gateshead, NE11 9NX

Cost: £10 per Scout

What to bring: Outdoor clothing (including waterproofs), packed lunch, day sack with drinks, lots of energy!



Organised by Chester-le-Street District Scouts 2018

Please complete and return this section to your leader, with £10 payment, by 22nd June

Troop:

Name of young person:

D.o.B:

Event: **PANTOMIME**
TROOP ADVENTURE CHALLENGE DAY (Whickham Thorns Activity Centre, Saturday 30th June)

I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.

Emergency contact:

Phone:

Doctor's name and contact details:

Details of any medications currently being taken:

Details of any disabilities, conditions, allergies, special/diet needs or cultural needs that might affect this event:

Details of any infectious diseases he/she has been in contact with in the last three weeks:

I authorise the leader to administer over the counter medicines, if suitable for my child's age and to the manufacturer's dosage instructions, should they deem that my child would benefit from it (delete any not authorised):

*cough medicine (glycerol) *antihistamine (cetirizine or loratadine) *paracetamol *ibuprofen *Loperamide

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed:

Date:

Relationship to young person:

Please use the back of this form if more space is required

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.