



# SLEEPOVER INFORMATION FORM

Both the Sleepover Leader and the parent/guardian should complete their parts of the form legibly in black ink



Parents/Guardians : please return the lower section of the form to the leader by

<u>Sleepover Location</u>				<b><u>Leader Contact Details</u></b>	
<u>Venue Telephone Number</u>				Name & Address	
<u>Start</u>		Time Date			
<u>Finish</u>		Time Date		Tel	
				Mobile	
<u>Deposit</u>		<u>To be paid by</u>		<b><u>Home Contact Details</u></b>	
				Name & Address	
<u>Balance</u>		<u>To be paid by</u>		Tel	
<u>Additional Information</u>				Mobile	

All activities will be run in accordance with The Scout Association's safety rules. Whilst every care will be taken, NO responsibility for personal equipment, clothing and effects can be accepted by the sleepover organisers and The Scout Association DOES NOT provide automatic insurance cover in respect to such items

Leaders Signature .....

**PERSONAL INFORMATION** : This section to be filled in by the parent/guardian of the Beaver Scout and returned to the leader.

<p>I give permission for (name) ..... to attend the sleepover at ..... on .....</p> <p><i>The following personal information is provided for the benefit of the leader to ensure the needs of the child are met.</i></p> <p>Date of Birth ..... NHS Number .....</p> <p>Name, address and telephone number of own Doctor ..... ..... .....</p> <p>Has he/she been in contact with any infectious diseases within the last 3 weeks ? (Please give details if possible) .....</p> <p>Medicines currently being taken .....</p> <p>Date of last Tetanus Immunisation .....</p> <p>Please give details of any special dietary needs .....</p> <p>Please give details of any allergies or other special needs, continue on a separate sheet if necessary .....</p>	<p><b>OTHER INFORMATION / PERMISSIONS (for any activities etc)</b></p> <p>Please sign below to give permission for the item(s) above</p> <p>Signature of parent/guardian .....</p> <p>During the event I can be contacted in an emergency at: Address..... ..... Tel ..... Mobile .....</p> <p>I understand that the leader reserves the right to send any participants home if necessary.</p> <p>If it becomes necessary for (name) ..... to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the sleepover to sign any document required by the hospital authorities.*</p> <p>Signature of parent/guardian .....</p> <p>Name .....</p> <p>Date .....</p>
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\*Note: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by the medical authorities.