

# Nights Away Form



**Event:** West Devon District Aquarium Sleepover      **Date:** 30/9/16 to 1/10/16  
**Location:** Plymouth National Marine Aquarium, Rope Walk, Coxside, Plymouth PL4 0LF  
**Meeting place and time:** Aquarium 6:30pm  
**Collection place and time:** Aquarium 9:30 am  
**Cost:** £35.00

**Wear / Bring:**

- Uniform on arrival.
- See kit list (over).
- Please **do not bring any money, food, sweets or treats**. Everything, including midnight feast, is provided by the Aquarium.

**Further details:** The sleepover will include, a tour of the aquarium, craft activities a DVD shown on a big screen, a midnight feast (**provided by the Aquarium**) and breakfast.  
**Please make sure your children have tea before they arrive.**

**Organiser and contact details:** Mrs Ann Ward - ADC (Beaver Scouts)  
Contact details: 01822 611442, 07771 539643 or otterw@hotmail.co.uk

**Contact details during the event:** Rachel Dewsbery 01837 861470, 07876 134124

*Please keep this section for your own information, and detach and return the section below.*

**Note:** All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to Rachel Dewsbery **by Wed 21 September**

**Name of young person:** ..... **D.o.B:** .....

**Event:** District Aquarium Sleepover – 30/9/16 to 1/10/16

*I enclose a cheque / cash for £35 per child (please makes cheques payable to Bridestowe Scout Group)  
I have noted the arrangements above and agree to the named young person taking part.*

**Emergency contact:** ..... **Phone:** .....

**Doctor's name and contact details:** ..... **Details of any medications currently being taken:** .....

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:** ..... **Details of any infectious diseases he/she has been in contact with in the last three weeks:** .....

*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:** .....

**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.

## **Kit List**

Beaver Scouts to arrive in uniform

Sleeping bag

Carry mat

Pillow if required

Pyjamas

Toothbrush

Spare pair of pants and socks

Cuddly toy

Torch