

LEADERS ARE TO CHECK THAT THIS FORM IS CORRECTLY COMPLETED



Dixie the Dragon
Sister of Derek and
Daughter of Drucilla

DRAGON 24

2013

27th - 28th April 2013

email: charlesdavisuploders@yahoo.co.uk



Young Persons Registration & Permission to Attend Form

Young Persons Details					
Name		Surname		Date of Birth	
Address				Town/City	
County		Postcode		Country	
District		Group		Section	
Next of Kin Details					
Name		Surname		Telephone	
If the address is different from the above, Please write on the BACK OF THIS FORM WITHIN THE TOP HALF					
Data Protection Act.					
The information given on the Confidential Personal Information Form will not be placed on the computer with the exception of that which is required for Administration purposes This form will be kept in secure storage and will be destroyed on completion of Dragon 24					
Parent/Carer Approvals and Declarations				YES	NO
Lake Activities (MUST be able to Swim 50 metres & tread water for 5 minutes) EXPLORERS AND SCOUTS & CUBS ONLY				<input type="checkbox"/>	<input type="checkbox"/>
Can be Photographed				<input type="checkbox"/>	<input type="checkbox"/>
I am fully aware of the Data Protection Statement above and I hereby give my consent for my Son/Daughter to attend Dragon 24 between 27th & 28th April 2013					
Signature of Parent/Carer			Please Print Name		

Closing date for Young Persons Registration is 18th March 2013 Please return to your Group Early
Full payment is to be included and **MUST** be paid through your Group. (Explorers, Scouts & Cubs £30. Beavers £10)

Confidential Information - Y/P's



Young Persons Details				
Name		Surname		
District		Group		Section
Doctors name and contact details				
Details of any medications currently being taken:				
Continue Over on the BACK OF THIS FORM WITHIN THE BOTTOM HALF →				
Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:				
Continue Over on the BACK OF THIS FORM WITHIN THE BOTTOM HALF →				
NOTE				
If the above named person comes into contact of any Infectious Disease within 3 weeks of the start of the camp the Dragon 24 Administrator is to be informed.				
Declaration				
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/Guardians consent to medical treatment cannot be delegated. This view is explicit in The Childrens Act 1989. Thus medical consent forms have no legal status and a doctor or nurse insisting on the consent of the Parent/Guardian to a particular treatment has the right to do so. For this reason it is Parents/Guardians are not bound to sign the above statement. However, it can be a comfort to medical staff to have a general consent in advance from Parents/Guardians to have a Leader on hand to sign forms by medical authorities.