

Meggernie Almost Haunted 27th - 29th October 2017



CAMP INFORMATION *This part to be kept by parent/guardian.*

Please return the second page of this form, completed and signed by **13th October 2017** to the Camp Leader **Judith Potter**

Address :

Meggernie Outdoor Centre
Kerrowmore, Bridge of Balgie, Glenlyon
Aberfeldy, PH15 2PP

The **Meggernie Almost Haunted Explorer Camp**
Will take place at

Meggernie Outdoor Centre
Kerrowmore, Bridge of Balgie, Glenlyon
Aberfeldy, PH15 2PP

OS sheet number (6fig grid ref) **NN 582469**

From : **27th October 2017**

To : **29th October 2017**

Cost **£ 35.00**

With the balance paid by : **13th October 2017**

The Home Contact if necessary is

Rab or Judith Potter (Wardens)
Meggernie Outdoor Centre
Kerrowmore, Bridge of Balgie, Glenlyon
Aberfeldy, PH15 2PP
Tel : 01887 866231(Office) or 01887 866203 (Centre Payphone)

Please note that there is no mobile reception but the answering machines will be checked regularly.

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 camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.



Scottish Charity No: Sco17511

The Scout Association, The Warden/Ranger, Meggernie Outdoor Centre, Fasgadh, Bridge of Balgie, Glenlyon, Aberfeldy PH15 2PP, Tel/Fax +44 (0) 1887 866231, warden@meggernie.org.uk

Meggernie Almost Haunted 2017 Personal Details and Permission Form



This part must be completed and returned to the camp leader by 13th October 2017

I give permission for

First Name		Surname	
Unit		Unit Leader	
Address		Date of Birth	
		Phone No.	
Postcode		E Mail	

To attend the camp at: **Meggernie Outdoor Centre, Kerrowmore, Bridge of Balgie, Glenlyon, Aberfeldy, PH15 2PP**

From: **.27th October 2017** To: **29th October 2017**

Doctor's Name Address Date of Last Tetanus Details of any condition requiring regular medication Details of any current medicines / diets / treatments Details of any known allergies or sensitivities Special Dietary requirements: Does she/he have any special needs?	Phone No. Please continue overleaf if necessary
---	--

During the event I can be contacted in an emergency at: Telephone Number

I will inform the camp leader if she/he been in contact with any infectious diseases within 3 weeks of the camp.
 I understand that the Camp Leader reserves the right to send any participants home if necessary.
 If it becomes necessary for my young person 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 Leader in charge of the camp to sign any document required by the hospital authorities.
 I agree/do not agree to photographs of my young person being taken and possibly used in Scout publicity material. (Please delete as required).

Signature of parent/guardian:	Date
-------------------------------	------

Note: The medical profession takes the view that the 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 medical authorities.



Scottish Charity No: Sco17511

The Scout Association, The Warden/Ranger, Meggernie Outdoor Centre, Fasgadh, Bridge of Balgie, Glenlyon, Aberfeldy PH15 2PP, Tel/Fax +44 (0) 1887 866231, warden@meggernie.org.uk



Scottish Charity No: Sco17511

The Scout Association, The Warden/Ranger, Meggernie Outdoor Centre, Fasgadh, Bridge of Balgie, Glenlyon, Aberfeldy PH15 2PP, Tel/Fax +44 (0) 1887 866231, warden@meggernie.org.uk