AREA 8 CURRICULUM CAMP

26th May – 29th May, 2017

This document is a guide, which, if followed, will have you and your club ready for our Area Curriculum Camporee. This document includes the application forms, medical forms, church board approval forms and camp equipment check lists.

Area 8 Adventurer Coordinator: Tyronne Waldron

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# The Campsite

## Address

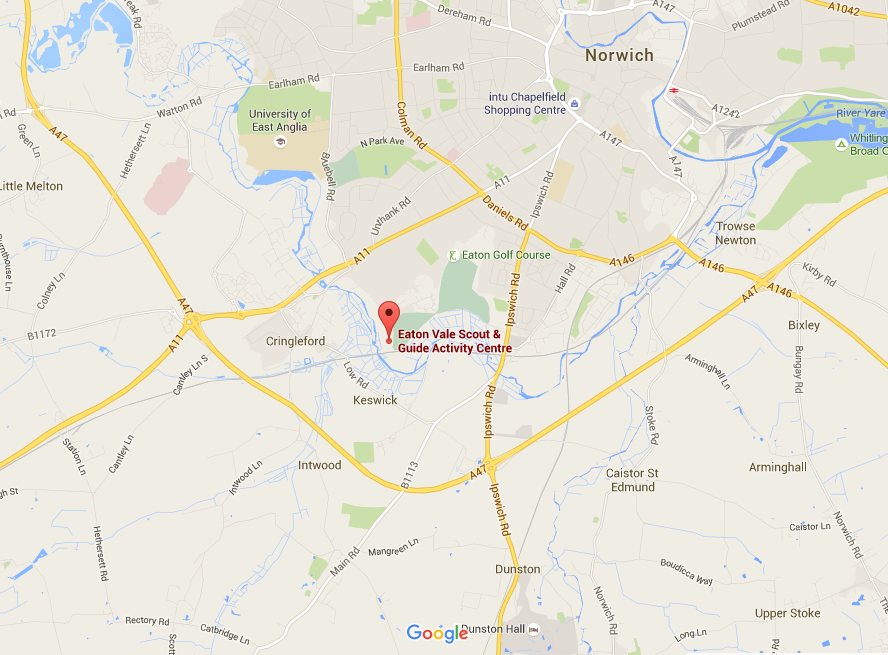
http://www.eatonvale.co.uk

The address of Eaton Vale is:

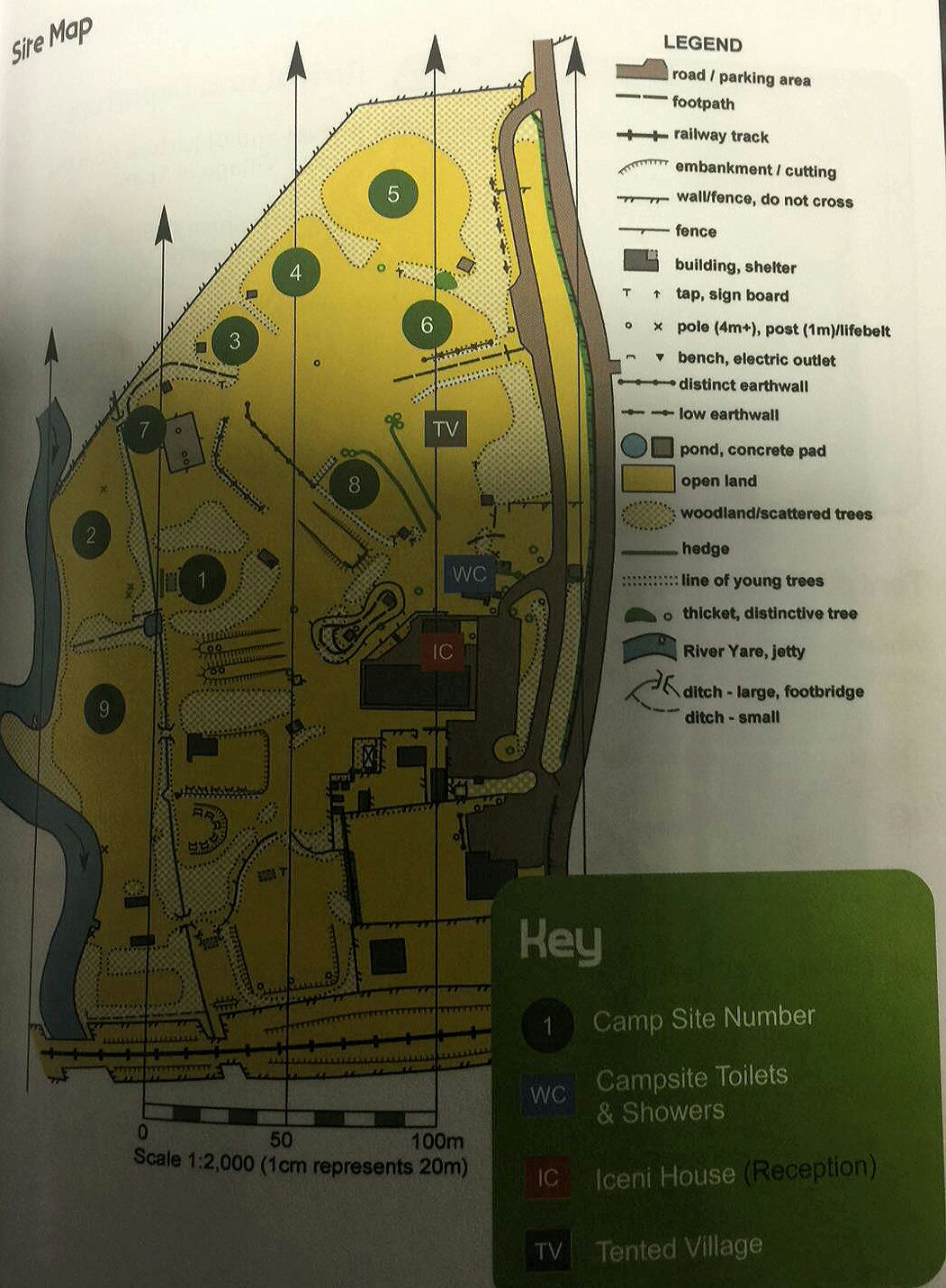
Eaton Vale Scout and Guide Activity Centre,  
Church Lane  
Eaton  
Norwich  
Norfolk  
NR4 6NN

## Getting to the Campsite

## Road Map



## Site Map



We will be in the tented village and on Site 8..

# Camp Registration

On arrival, club directors are to register every member of their group at the Registration Desk located in Iceni House.

## Admin Folder Inspection

As part of the registration process, folders will be collected on arrival and returned to clubs after they have been inspected. Clubs are asked to ensure that their folder is organised in the same sections and order as the Administration Folder Inspection form.

# Child Protection

The local Church Board is responsible for ensuring that leaders, counselors and instructors attending the camp meet the requirements of the British Union Child Protection Policy: Keeping Our Church Family Safe.

# Medical Care

Each club is responsible for providing medical care for their own group.

At least one member of the Club First Aid Team should be qualified to a minimum level of First Aid at Work. The team must also ensure that they have an appropriate first aid kit for the size of the group and the nature of the activities.

A completed Medical Information form for each member of the group must be obtained and kept as part of the club Administration Folder.

Clubs may carry, at their own discretion, various over the counter (OTC) drugs, which can then be administered on the advice of those providing first aid.

Over the counter drugs should be stored separately from the first aid kit and may include:

* Sun creams or sprays, at least factor 15
* Lotions for after sunburn treatment
* Insect bite cream
* Pain Killers - Paracetamol, Co-codamol 8/500
* Anti-inflammatory drugs - Ibuprofen (also known as neurofen)
* Anti-diarrhoeal - Loperamide
* Constipation - Plenty of Fruit and Vegetables, if this fails, lactulose
* Antihistamines (for insect bites)

A completed Medical Information form for each member of the group must be obtained and kept as part of the club Administration Folder

* Chlorpheniramine (Piriton) Sedating
* Cetirizine Non-sedating
* Anthisan cream

Any other drugs, such as antibiotics, will have to be provided via the local GP or Accident and Emergency facility.

Group members who need medication (e.g. for diabetes, asthma or hay fever) should bring a double supply of their medication and a spare prescription to take to the chemist. Please ensure that a care plan is attached to the medical form for children with specific health needs ( i.e. asthma inhalers, epipen etc.)

The Club First Aid Team should keep each group member’s medication in a separate bag clearly marked with the individuals name and monitor the distribution carefully. These should be stored in a safe and secure place.

# Dress Code

Please pay close attention to the information to follow in this section as our dress code should be adhered to very strictly. In general, modesty is to be expected of all our campers: male, female, Adventurer and staff.

## Scarf

The Adventurer Scarf or Master Guide Scarf **MUST** be worn at **ALL** times throughout this camp. The scarf is a part of field uniform and the dress uniform. There will be no excuse for not wearing your scarf while at camp.

Your scarf MUST be worn at ALL times throughout this camp.

## Dress Uniform

The dress uniform is **NOT** needed for this camp.

## Field Uniform

A field uniform (Church, Area or SEC field uniform) should be worn at all times throughout the camp. REMEMBER, the scarf is part of the field uniform.

The SEC Field Uniform is

# Camp Itinerary & Programming

SEC Area 8 Adventurer Curriculum Camp

26th May – 29th May, 2017

Eaton Vale Scout and Guide Activity  
Church Lane, Eaton, Norwich, Norfolk, NR4 6NN

**TIME TABLE**

**LIGHTS OUT AT 2300hrs!**

# Camp Staff

The camp co-ordinators are Tyronne Waldron and Kim Roberts-Waldron

There will be no other staff apart from your club staff. It means that each club MUST ensure that they have adequate staff to cover the number of Adventurers they bring.

# Other Information

Each club will need to bring the following items which your Adventurers will use to fulfil the various honours and course requirements. Please note that these items are per participant NOT per club.

## Friends

Ropes for knots

Board for Knots

Glue for knots Board

Small back pack for the hike

Water purification tablets

## Companions

Ropes for knots

Board for Knots

Glue for knots Board

Small back pack for nature walk

## Explorers

Topographical map (any)

## Rangers

Cardbord box

Kitchen foil (loads)

Back pack – 1 per club would do

Ingredients to mix and bake a cake

## Voyagers

Own stove, tent, sleeping gear.

Rucksack for overnight hike

Utensils to cook their own food

## Guides

Ropes for Lashing

## Ordnance Survey Maps

**Map details:**  
Ordnance Survey ‐Maps: (OPTIONAL)  
OS 237   NorwichOL 40 – The Broads

## Stationary Items / Chairs / Rucksacks

As this is a Curriculum Camporee, all Adventurers MUST have a notebook (writing paper to place into their folder), pens, pencils, colouring pencils, rubber, sharpener and a clip board where possible.

Everyone will be required to bring a camping chair as there will be no chairs available for us to use

It is recommended that ALL Adventurers use Rucksacks rather than suitcases or any other luggage

# Activities

# Camp Gear – Individual

Bible

Adventurer Folder

Club Field Uniform (including Scarf)

Sleeping bag

Sleeping mat

Underwear

Spare top layers as necessary

Fleece

Waterproof coat & trousers

Toiletries

Torch

Woolly hat

Cap

Personal Medication (if required)

Dining sets (plate, cup, and spoons)

Compass

Camp Chair/stool

# Camp Gear – Club

Kitchen Tent (**NOT Required**)

Kitchen preparation tables (**NOT Required**)

Stove burner (**NOT Required**)

Gas & regulator (**NOT Required**)

Kitchen Lamp (**NOT Required**)

Pot, pans & serving implements (**NOT Required**)

Food storage boxes

Food containers

Water containers

Drink containers

Cleaning supplies: mop & bucket, dust-pan & brush, broom etc (**NOT Required**)

Washing-up bowls & liquid (**NOT Required**)

Fire blanket, fire buckets

Cool box

Dining Tent ( If you have a big one and transport please bring )

Tables & benches (could be useful….)

Sleeping tents (See list under tent layout)

Sleeping Mats

Extra groundsheets

Tool box (lockable - use an export barrel)

Flat head & cross head screwdriver

Wooden mallet

Hammer

Extra gas hose & jubilee clips (**NOT Required**)

Sisal & polypropylene rope

Knife

Bow saw

Boundary tape (red & white)

Wet-pit stakes & bin liners

Garden gloves & safety glasses

Safety Goggles

Measuring tape/rope

Disposable gloves

# Church Board Acknowledgement

SEC Area 8 Adventurer Curriculum Camp

|  |  |  |
| --- | --- | --- |
| 4C_3  **Eaton Vale Scout and Guide Activity Centre**  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  26th May – 29th May, 2017 |  | **Area 8** |

**Adventurer Clubs**

**Group Leader Details**

Title: Mr/Mrs/Ms/Miss/Other …………………………………………………………..………………

Surname ………………………………… First Name ...………………………….………………

Address .....................................................................................................................................

……………………………………..……... Post Code ….…………………………………………..

House Telephone……………..….….…. Mobile .……………………………………….…………

Email Address ………………………………………………………………………………………….

**Group Details**

Total Number of Adventurers ………………………….

Total Number of Club Staff ………………………….

**Church Board Approval**

We, the members of the

………………………………………………………………………………………………………..

Church Board, confirm that the group leader is a suitably responsible person to lead our Adventurer club to the Adventurer Curriculum Camporee and that we are satisfied with the Risk Assessment they have presented to us.

We confirm that all members of staff meet the requirements of the British Union Child Protection Policy: Keeping our Church Family Safe and that each person has Club Insurance cover.

We understand that the cost of this Adventurer Curriculum Camporee is £45 per person. £30 per adult **NOT** taking part in the paid activities. £30 per child under 10ys **NOT** taking part in the paid activities*. (Children* ***not*** *of Adventurer age are unable to participate in the activities due to insurance restrictions. Please Note: This is not an Adventurer Camporee)* All payments are to be made in full by 30th June 2015

Signed …………………………………………………………… Date ………………………………

(Church Clerk on behalf of Church Board)

# Emergency Contact Information



SEC Area 8 Adventurer Curriculum Camp

|  |  |  |
| --- | --- | --- |
| 4C_3  **Eaton Vale Scout and Guide Activity Centre**  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  26th May – 29th May, 2017 |  | **Area 8** |

**Adventurer Clubs**

**Name of Club** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **Emergency Contact Name** | **Emergency Contact Number** |
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# Admin Folder Inspection Form



SEC Area 8 Adventurer Curriculum Camp

|  |  |  |
| --- | --- | --- |
| 4C_3  26th May – 29th May, 2017  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  **Eaton Vale Scout and Guide Activity Centre** |  | **Area 8** |

**Adventurer Clubs**

**Name of Club** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **One Point Per Item** | | | |
| **Section One – Club Information** |  | **Section Three – First Aid** |  |
| Copy of Church Board Registration Form |  | One First Aid at Work Certificate |  |
| Individual Application Forms |  | **Section Four – Risk Assessment** |  |
| Individual Medical Forms |  | Travel Plan from start to Campsite |  |
| 2 copies of Named List with Emergency Contact Details |  | Tent Allocations |  |
|  |  | Counsellor allocations |  |
| **Section Two – Cooks Information** |  | Club Code of Conduct |  |
| Head Cook Health & Hygiene Certificate/ or In-house Food Awareness Certificate |  | Emergency Plan to take someone to hospital |  |
| Individual Meal Plan |  | Emergency Plan to take someone home |  |
| Cooking & Washing Up Rota |  | Travel Plan from Campsite to finish point |  |
|  | **Total Points** | |  |
| **Club Director's Signature:** |  | |  |
| **Inspector's name:**  **Please print:** |  | |  |

# Campsite Inspection Form



SEC Area 8 Adventurer Curriculum Camp

|  |  |  |
| --- | --- | --- |
| 4C_3  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  **Eaton Vale Scout and Guide Activity Centre**  26th May – 29th May, 2017 |  | **Area 8** |

**Adventurer Clubs**

**Name of Club** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | |  |
| **One Point Per Item** | | | | | | |
| **Campsite Layout** | |  | **Cook Tent** | | |  |
| All tents 3m away from adjoining pitch boundary | |  | Gas Bottles safe & secure | | |  |
| All sleeping tents 3m apart | |  | All food stored in sealed containers | | |  |
| Cook tents and altar fires 6m apart | |  | All prep areas clean | | |  |
| No rubbish on pitch | |  | Fire blanket or bucket of water/sand | | |  |
| **Dining Shelter** | |  | Cleaning fluids safely stored | | |  |
| Clean & Tidy | |  | Wet-pit area clean & tidy | | |  |
| **Sleeping Tents** | |  | **Kitchen Staff Inspection** | | |  |
| Guy ropes taut and in line with flysheet seams | |  | Cooks hat or hairnet | | |  |
| Guy ropes in line with tent poles | |  | Cooks Apron | | |  |
| Nothing touching the tent inner walls | |  |  | | |  |
| Inside clean & tidy | |  | **First Aid** | | |  |
| **Structures & Equipment** | |  | First Aid kit appropriate for the size of the group | | |  |
| All structures safe & secure | |  | Individual medical bags as required | | |  |
| All tools & equipment safely stored | |  | Individual medication/Dispensing Checklist | | |  |
|  | | **Total Points** | | | |  |
| **Club Director Signature:** | |  | | | |  |
| **Inspectors name:**  **Please print:** | |  | | | |  |

# Application Forms

## Activities Application Form



SEC Area 8 Adventurer Curriculum Camp

|  |  |  |
| --- | --- | --- |
| 4C_3  **Eaton Vale Scout and Guide Activity Centre**  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  26th May – 29th May, 2017 |  | **Area 8** |

**Adventurer Clubs**

Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your kids can pay to do one(1), two(2) or three(3) site activities. These activities **MAY** include Canoeing, Raft Building, Trapeze, Jacobs Ladder, and Archery.

**We do not yet know which activities will be available to us!**

One Activity: £6.80

Two Activities: £13.00

Three Activities: £18.40

|  |  |
| --- | --- |
| No. Of Kids doing 1 Activity |  |
| No. Of Kids doing 2 Activity |  |
| No. Of Kids doing 3 Activity |  |
| Total Activities Being Done |  |
| Total Money Paid |  |
| Payment Reference |  |

## Club Application Form



SEC Area 8 Adventurer Curriculum Camp

|  |  |  |
| --- | --- | --- |
| 4C_3  **Eaton Vale Scout and Guide Activity Centre**  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  26th May – 29th May, 2017 |  | **Area 8** |

**Adventurer Clubs**

**Cost: £37 per Adventurer (Accommodation, Resources & Food).  
Cost: £40 per Adult (Accommodation, Resources & Food).**

Club name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Class** | **No. Of Males** | **No. Of Females** |
| Friends |  |  |
| Companion |  |  |
| Explorer |  |  |
| Ranger |  |  |
| Voyager |  |  |
| Guides |  |  |
| Adults |  |  |

## Adventurer/Staff Application Form



SEC Area 8 Adventurer Curriculum Camp

|  |  |  |
| --- | --- | --- |
| 4C_3  **Eaton Vale Scout and Guide Activity Centre**  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  26th May – 29th May, 2017 |  | **Area 8** |

**Adventurer Clubs**

**Cost: £37 per Adventurer (Accommodation, Resources & Food).**

**Cost: £40 per Adult (Accommodation, Resources & Food).**

Club Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adventurer Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach Photo here**

Camper’s Details

Campers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_\_

Age \_\_\_ Parent’s/Guardian’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photography Consent

Current regulations relating to The Data Protection Act 1998 requires that we obtain your consent for images taken of your son/daughter (under 18 years) which are used in either video or still shots. Only first names might be used and/or the name of the club to which they are a member. For further information on our Photographic Policy, please contact the SEC Office. As images will be recorded at all events you may wish to consider this in your application if consent is not given.

Please read the photography consent section above and tick yes if you give consent. YES, NO

Child Protection - Staff

Criminal Records Bureau Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child protection training: have you done the KCFS training? YES, NO

*Every person over the age of 16years must have a DBS certificate,*

I hereby give permission for my child to attend this event and to take part in the activities arranged. I agree to notify the leaders should there be any change to the information given.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Area 8 Adventurer Coordinator Tyronne Waldron  +44 795 606 7485  [tyronne.waldron@gmail.com](mailto:tyronne.waldron@gmail.com) | Administrative Assistant  Kim Roberts-Waldron  +44 7904 197510  [ktahira1@yahoo.co.uk](mailto:ktahira1@yahoo.co.uk) |  |  |

## Medical Form

|  |  |  |
| --- | --- | --- |
| 4C_3  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  Curriculum Camp 26th May – 29th May, 2017  Medical Form |  | **Area 8** |

**Adventurer Clubs**

CLUB NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AREA \_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_\_ Age \_\_\_\_

Parent’s/Guardian’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details:**

|  |
| --- |
| =YES=NO |
| **Have you had:** | | **Do you wear:** | Please give the date of the last tetanus injection \_\_/\_\_/\_\_.  If you are currently taking medicine please give the name of the drug and dosage details  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any food allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rheumatic fever:  | | Glasses:  |
| Asthma:  | | Contact lenses: |
| Fainting spells:  | | Dentures:  |
| Diabetes:  | |  |
| Kidney Disease:  | | **Are you allergic to:** |
| Heart trouble:  | | Penicillin:  |
| Menstrual problems: | | Anaesthetic:  |
| Hernias:  | |  |
| Travel sickness:  | | Tetanus injection in last 5 years?  |

Name of GP/Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surgery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_ GP/Doctor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information**

If there is anything else that should be considered by the club, relating to the health and/or ability of the above mentioned person, please state clearly below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorisation**

This health report is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me. In the event of an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalise or treat including proper anaesthesia, injection, or surgery for the person this form applies to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

# Campsite Layout