

# Gillingham Scouts

## Swim Nights Consent Form



Event	<b>Swim Nights 2017</b>
Dates	<b>Jan 7, Feb 4, Mar 11, Apr 1, May 13</b>
Location	<b>Medway Park, Mill Road, Gillingham ME7 1HF</b>
Meeting place and time	<b>Medway Park – 4pm</b>
Collection place and time	<b>Medway Park – 6pm</b>
Cost	<b>£4 per session</b>
Transport details	<b>Own transport</b>
Wear/bring	<b>Swimming clothes, towel, etc</b>
Further details	<b>See website and flyer</b>
Organiser and contact details	<b>Through your own section leader</b>
Contact details during the event	<b>Stephen Rainsbury 07950 611104</b>

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 for such items.



**Event: SWIM NIGHTS 2017** Please complete and bring this section (with payment) to your first session.

**Name of young person:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Group/Unit:** \_\_\_\_\_

I enclose cheque/cash for £.....(please make cheques payable to Gillingham District Scouts)  
 I have noted the arrangements above and agree to the named young person taking part.

Is he/she able to swim 25 metres unaided and stay afloat for 1 minute in swimwear? YES  NO

<b>Emergency contact details</b>	
Name	Phone No
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 aboved named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my 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** .....

**Please use back of form if more space is required.**

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**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.