

LEADERS ARE TO CHECK THAT THIS FORM IS CORRECTLY COMPLETED



# DRAGON 24

## THE RETURN



email: dragon24@dorsetscouts.org.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 <b>back of this section of the form</b>				
Data Protection Act.				
All information given on this form and any submitted on the Confidential Personal Information Form, will only be used for Scouting Purposes connected with Dragon 24. 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"/>
<b>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 28th &amp; 29th April 2012</b>				
Signature of Parent/Carer		Please Print Name		

Return to your Leader by 21st February 2012

Full payment is to be included and **MUST** be paid through your Group. (Explorers, Scouts & Cubs £30. Beavers £10)

# DRAGON 24

## Confidential Information Form - 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 <b>this section of the Form</b> →			
Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:			
Continue Over on <b>this section of the Form</b> →			
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.