

B&D Nights Away Scheme

Initial Information



If your child would like to attend this event, please retain this information sheet and return the "Return Forms" to your leader.

Event Title	Beaver Sleepover
-------------	------------------

EVENT DETAILS

		Day of the Week	Day	Month	Year
Dates	From	Saturday	2 4	1 0	2 0 0 7
	To	Sunday	2 5	1 0	2 0 0 7

Venue	Chigwell Row Guide Campsite, Chigwell Row, Essex
-------	--

Outline of theme/main activities	Beaver Sleepover
----------------------------------	------------------

Deposit	Due		-		-		-	2 0 0 7	Amount	£	25	00	p
---------	-----	--	---	--	---	--	---	---------	--------	---	----	----	---

Total Cost	Due		-		-		-	2 0 0 7	Amount	£	45	00	p
------------	-----	--	---	--	---	--	---	---------	--------	---	----	----	---

N.B. The deposit is non-returnable, if cancellation is made after the 'deposit due date'.

PAYMENT METHODS

You may pay by cash or cheque. We do not accept credit cards

Cheques should be made payable to:	
------------------------------------	--

If you would like to pay in instalments, a "payment receipts card" can be obtained from your leader to record the amounts you have paid in.

PARENTS MEETING

At this time, a 'pre-camp' parents information meeting has not be arranged

A pre-camp parents information meeting has been arranged as follows

hour mins am/pm

Date		-		-		-			
------	--	---	--	---	--	---	--	--	--

Time	:		M
------	---	--	---

Location	
----------	--

EVENT ORGANISER

Name/s	Ron Pringle
--------	-------------

Address	12 Sugden Way, Thames View Estate, Barking
---------	--

Phone No.s	0208 924 3802
------------	---------------

Please contact this person if you require any further information

B&D Nights Away Scheme

Personal Kit



Event Title *Beaver Sleepover*

Please note that cubs are responsible for their own kit at all times. As such, please ensure that all items are clearly marked with the cub's name and that a list detailing all their belongings is provided and secured within their bag / case. Cubs have to pack their own kit for the return journey, so please make sure they are able to. All their kit must fit into one large bag / case.

N.B. No claims for loss or damage will be entertained by the Scout Association.

CLOTHING

Uniform - to be worn on arrival
Waterproof coat and trousers
Suitable changes of footwear
(i.e. hiking and wellington boots / trainers etc)
Changes of clothing for both wet and warm weather
Daily change of underwear and socks
Night clothes

EQUIPMENT

Sleeping bag (blanket / pillow / teddy)
Torch and spare batteries
Personal wash kit
1 bath towel and 1 hand towel
Plastic bags to separate dirty or wet items

MEDICATION

All medication should be shown to an appropriate leader on the day of departure. They will look after it unless it needs to be kept on the person at all times. Please do not give your child any tablets / creams to keep in their kit.

POCKET MONEY

A A small amount of pocket money may be needed for the tuck shop / days out etc.

Recommended Total Amount	£		p
--------------------------	---	--	---

B A suitable amount of pocket money has been included in the total cost of this event. Please do not send any extra with your child.

ADDITIONAL KIT (Dependent on seasonal weather, activities being done etc.)

Swimwear
Sun hat and Sun glasses
Warm hat, scarf and gloves
Dressing Gown and Slippers

THINGS THAT MUST NOT BE TAKEN IN PERSONAL KIT

Aerosol cans
Expensive items or those of sentimental value
Mobile Phones
Sweets

B&D Nights Away Scheme

Final Arrangements



Please retain this sheet until after the residential experience is over

Event Title	Beaver Sleepover
-------------	------------------

DROP-OFF / PICK-UP DETAILS

You will need to drop your child off at: (Please inform us as soon as possible if you think you may be late)

	day of week	day	month	year	hour	mins	.a/pm
Date	Saturday	- 2 4	- 1 0	- 2 0 0 7	Time	12 : 00	- p m
Place	Chigwell Row Guide Campsite, Chigwell Row, Essex						

You will need to pick your child up at: (If we are travelling a long distance, we may be affected by traffic conditions)

Date	Sunday	- 2 5	- 1 0	- 2 0 0 7	Time	12 : 00	- p m
Place	Chigwell Row Guide Campsite, Chigwell Row, Essex						

LEADERS / ADULTS ATTENDING

Group / Responsibility	Name	Mobile Number
11th - ADC Cubs	Ron Pringle	020 89243802

HOME CONTACT

In the event of an emergency, or if we should need to contact several parents, this will be our / your method of contact

Name/s	
Address	
Phone No.s	

ADDITIONAL INFORMATION

B&D Nights Away Scheme

Return Form: A

GENERAL INFORMATION



Name of Child

It is extremely important that all parts of this form are completed as accurately as possible.

Event Title *Beaver Sleepover*

Dates	From	Day of the Week	Day	Month	Year
		<i>Saturday</i>	2 4	1 0	2 0 0 7
	To	<i>Sunday</i>	2 5	1 0	2 0 0 7

Venue *Chigwell Row Guide Campsite, Chigwell Row, Essex*

PARENTAL CONSENT

I hereby give permission for my child (named above) to attend this residential experience. I have read the information sheet / spoken to the leaders and give permission for my child to take part in the planned activities

I also consent to all of the following*:

My child may bathe / swim under supervision

My child may take part in adventurous activities, including Air Rifle shooting

*Please strike through any that you do not give your consent for.

Parent / Carer's Signature Date

NEXT OF KIN

Name/s

Address

Phone No.s

OTHER INFORMATION

Can your child swim fifty meters and tread water? Yes No

Please state any other information which may help the organisers to plan and run this camp in a safe / enjoyable manner. This might include details of special needs, disabilities, bed-wetting, travel sickness, sleep walking etc.

B&D Nights Away Scheme

Return Form C

MEDICAL INFORMATION



Name of Child

It is extremely important that **ALL** parts of this form are completed as accurately as possible.

Event Title *Beaver Sleepover*

HOME DOCTOR

Name/s

Address

Phone No.s

Date of Birth day - month - year

Date of last Tetanus immunisation - -

National Health Service Number (ask your doctor)

Has your child been in contact with any infectious diseases within the past three weeks? Yes No

If yes, please give details (continue overleaf if needed)

Medication currently being taken

Allergies to medical substances e.g. creams

(Please include dosage / times etc.)

(Please include effects of these substances)

If it becomes necessary for my child to receive hospital treatment and I cannot be contacted, I hereby give my permission for the Scouter in charge to sign any documents required by the hospital authorities.

Parent / Carer's Signature Date

EMERGENCY CONTACT

In the event of an emergency please contact

Name/s

Address

Phone No.s

GROUP'S OFFICIAL HOME CONTACT *****This section is to be completed by a leader*****

Name/s

Address

Phone No.s