

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	Camping Competition
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EVENT DETAILS

		Day of the Week	Day	Month	Year
Dates	From	Saturday	08	07	2006
	To	Sunday	09	07	2006

Venue	Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR
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Outline of theme/main activities	A District competition with a two tier system. Inexperienced campers may enter the Len Bridge Challenge trophy and receive leaders help, experienced campers enter the St. George's and don't get any leader help. Cost of £4 to be paid to District which does NOT include food/transport
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Deposit	Due	NA	-	-	-	-	-	-	-	Amount	£	-	p
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Balance	Due	Saturday	08	07	2006	Amount	£		p
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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:	Barking & Dagenham Scout District
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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		-		-		-			
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Time	:		M
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Location	
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EVENT ORGANISER

Name/s	Richard Blunden
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Address	90 Bromhall Road, Dagenham
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Phone No.s	020 8592 6021, 07720294312
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Please contact this person if you require any further information

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Personal Kit



Event Title *Camping Competition*

Camping forms part of the Scout section training programme and as such Scouts must pack their own kit and are responsible for it at all times. Personal kit should all fit into one large bag / holdall / rucksack.

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 / ground mat)
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 Maximum Amount	£	2	50	p
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B ~~Your child will not need any pocket money for this event~~

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

Slippers
Warm hat, scarf and gloves

THINGS THAT MUST NOT BE TAKEN IN PERSONAL KIT

Aerosol cans
Knives
Matches
Expensive items or those of sentimental value

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Final Arrangements



Please retain this sheet until after the residential experience is over

Event Title	Camping Competition
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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	-	08	-	07	-	2006		09	: 00	- a m
Time	09 : 00 - a m										
Place	Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR										

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

	day of week	-	day	-	month	-	year		hour	mins	.a/pm
Date	Sunday	-	09	-	07	-	2006		2	: 30	- p m
Time	2 : 30 - p m										
Place	Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR										

LEADERS / ADULTS ATTENDING

Group / Responsibility	Name	Mobile Number
6th / ADC Scouts	Richard Blunden	07720294312
9th / DSL	Darren Dowling	07881650524
7th / DSL	David Nickols	07789236597

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

Please note that each Patrol must cater for at least one extra leader for every meal

Patrols are expected to provide their own food and transport

Groups must arrange their own home contacts and use the official B&D Nights Away forms. These need to be handed to the organisers on arrival.

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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 *Camping Competition*

Dates	From	Day of the Week	Day	Month	Year
	Saturday		08	07	2006
	Sunday		09	07	2006

Venue *Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR*

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.

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Return Form B

DIETARY INFORMATION



Name of Child

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

Event Title

Camping Competition

EXAMPLE MENU

The following is a list of common foods that we eat on our residential experiences. It is not the exact menu your child will be eating, but it will be similar.

Breakfast	Lunch	Tea	Other / Snacks
<i>Cereals Toast Bacon Fried egg Sausage Beans</i>	<i>Hot dogs / burgers Jacket potatoe Salad Sausage rolls Sandwiches Yoghurt / mousse</i>	<i>pizza shepherds pie fish and chips mash potatoe tinned veg sliced roast beef / chicken fish fingers fruit and custard crumble and icecream</i>	<i>Hot drinks biscuits cake fruit crisps</i>

Using this as a guide please tell us if there are ANY foods on this menu or similar that your child will not eat for dislike / lifestyle reasons (e.g. vegetarian / religious obligations etc.)

(If this field is left blank we will assume that your child is willing to at least try any food given to them)

Please list any specific food allergies and the consequence of accidental exposure to them.
(include details of reactions to substances such as coke / hyperactivity etc.)

Name of food substance	Effects of exposure to that food substance / possible remedies

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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 *Camping Competition*

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

(Please include dosage / times etc.)

Allergies to medical substances e.g. creams

(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