

# B&D Nights Away Scheme

## Final Arrangements



Please retain this sheet until after the residential experience is over

Event Title	<i>Barking &amp; Dagenham District / Bellahøj 21st Barking Camp</i>
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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	<i>Saturday</i>	-	<i>2 2</i>	-	<i>0 7</i>	-	<i>2 0 0 6</i>	Time	<i>08</i>	<i>: 30</i>	- <i>a</i> m
Place	<i>St Cedd's Church, Lodge Avenue, Dagenham</i>										

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

Date	<i>Saturday</i>	-	<i>2 9</i>	-	<i>0 7</i>	-	<i>2 0 0 6</i>	Time	<i>15</i>	<i>: 30</i>	- <i>p</i> m
Place	<i>St Cedd's Church, Lodge Avenue, Dagenham</i>										

### LEADERS / ADULTS ATTENDING

Group / Responsibility	Name	Mobile Number
<i>B&amp;D District ADC Scouts</i>	<i>Richard Blunden</i>	<i>07720294312</i>
<i>Explorers</i>	<i>Kris Pringle</i>	<i>07985458040</i>
<i>1st</i>	<i>Vic Goodman</i>	<i>07913179042</i>
<i>6th</i>	<i>Mark Beerling</i>	<i>07790758777</i>
<i>6th</i>	<i>John Porter</i>	<i>07950284073</i>
<i>10th/18th</i>	<i>Don Luxford</i>	<i>07984582434</i>
<i>21st</i>	<i>Robert Kicks</i>	<i>07866141493</i>

### 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	<i>Ron Herbert (District Chaplin)</i>
Address	<i>191 Valence Wood Road, Dagenham, Essex, RM8 3AH</i>
Phone No.s	<i>Home - 020-8592-2822 - Mobile - 07981247858</i>

### ADDITIONAL INFORMATION

Home contact would prefer you try his home number first.

#### Campsite details

Skreens Park Scout Campsite (site W)

Skreens Park Road, Roxwell, Essex, CM1 4NN

Telephone : 01245-248235

# 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	Barking & Dagenham District / Bellahøj 21st Barking Camp
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### EVENT DETAILS

		Day of the Week	Day	Month	Year
Dates	From	Saturday	- 2 2	- 0 7	- 2 0 0 6
	To	Saturday	- 2 9	- 0 7	- 2 0 0 6

Venue	Skreens Park Scout Campsite
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Outline of theme/main activities	Exchange Camp With our Danish Group the Bellahøj 21st Barking
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Deposit	Due		-		-		-				Amount	£		p
Total Cost	Due		-		-		-				Amount	£	65	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:	Barking & Dagenham District Scouts
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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		-		-		-					Time	:		M
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Location	
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### EVENT ORGANISER

Name/s	Richard Blunden ADC Scouts
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Address	90 Bromhall Road, Dagenham, Essex, RM8 2HN
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Phone No.s	(H)020-8592-6021 (M) 07720294312
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Please contact this person if you require any further information

# B&D Nights Away Scheme

## Personal Kit



Event Title

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  
2 tea towels  
Unbreakable crockery set (plate / bowl / mug)  
Strong cutlery set (knife / fork / spoon)  
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	£		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.)

Swimwear  
Sun hat and Sun glasses  
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

# B&D Nights Away Scheme

## Personal Kit



Event Title

Camping forms part of the Explorer training programme and as such Explorers 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.

### SPENDING MONEY

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

Recommended Total Amount	£		p
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**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  
Slippers (if indoors)

First Aid kit  
Map / Compass  
Bivy Bag

### THINGS THAT MUST NOT BE TAKEN IN PERSONAL KIT

Aerosol cans  
Expensive items or those of sentimental value

# B&D Nights Away Scheme

## Return Form: A

GENERAL INFORMATION



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

Event Title	<i>Barking &amp; Dagenham District / Bellahøj 21st Barking Camp</i>
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Dates	Day of the Week	Day	Month	Year					
					From	Saturday	2	2	0
To	Saturday	2	9	0	7	2	0	0	6

Venue	<i>Skreens Park Scout Campsite</i>
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### 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	
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### NEXT OF KIN

Name/s	
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Address	
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Phone No.s	
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### 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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# 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 *Barking & Dagenham District / Bellahøj 21st Barking Camp*

### 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