

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	Sixers Camp 2006
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EVENT DETAILS

Dates	From	Day of the Week	Day	Month	Year
	To	Friday	0 8	0 9	2 0 0 6
		Sunday	1 0	0 9	2 0 0 6

Venue	Chigwell Row Campsite, Chigwell Row, nr Hainault
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Outline of theme/main activities	Sixers Camp incorporating the District Cub Quiz. Cub Quiz participants must complete the separate one day activity form.
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Deposit	Due		-		-		-		Amount	£		p
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Total Cost	Due	Monday	-	0 4	-	0 9	-	2 0 0 6	Amount	£	20 00	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	Rosemary Oakwell
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Address	97 Westfield Road, Dagenham
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Phone No.s	0208 595 0292
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Please contact this person if you require any further information

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Personal Kit



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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 / 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 Total Amount	£	2	50	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)

THINGS THAT MUST NOT BE TAKEN IN PERSONAL KIT

Aerosol cans
Expensive items or those of sentimental value

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Final Arrangements



Please retain this sheet until after the residential experience is over

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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	Friday	- 0 8	- 0 9	- 2 0 0 6	Time	7 : 00	- p m
Place	Chigwell Row Campsite, Chigwell Row, nr Hainault						

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	- 1 0	- 0 9	- 2 0 0 6	Time	4 : 00	- p m
Place	Chigwell Row Campsite, Chigwell Row, nr Hainault						

LEADERS / ADULTS ATTENDING

Group / Responsibility	Name	Mobile Number
9th - ACSL/Activity Team Leader	Darren Dowling	07881650524
9th - CSL/ADC Cubs	Rosemary Oakwell	07905567224
9th - GSL/District CSL	Ken Thompson	02085955459

HOME CONTACT

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

Name/s	
Address	
Phone No.s	

ADDITIONAL INFORMATION

The Cub Quiz team may consist of 6 Cubs. They are to arrive at 6 p.m. for a 6:30 p.m. start. They will depart at 10:30 p.m. Parents can come at 10 p.m. if they wish and we will give them a cup of tea and a piece of cake while they are waiting for their child. **Please note a separate one day activity form needs to be completed for those children who visit on the Saturday for the Quiz.**

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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.

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		Friday	0 8	0 9	2 0 0 6
To	Sunday	1 0	0 9	2 0 0 6	

Venue	Chigwell Row Campsite, Chigwell Row, nr Hainault
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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 metres 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

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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</i>	<i>Hot dogs / burgers</i>	<i>pizza</i>	<i>Hot drinks</i>
<i>Toast</i>	<i>Jacket potato</i>	<i>shepherds pie</i>	<i>biscuits</i>
<i>Bacon</i>	<i>Salad</i>	<i>fish and chips</i>	<i>cake</i>
<i>Fried egg</i>	<i>Sausage rolls</i>	<i>mash potato</i>	<i>fruit</i>
<i>Sausage</i>	<i>Sandwiches</i>	<i>tinned veg</i>	<i>crisps</i>
<i>Beans</i>	<i>Yoghurt / mousse</i>	<i>sliced roast beef / chicken</i>	
		<i>fish fingers</i>	
		<i>fruit and custard</i>	
		<i>crumble and ice-cream</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
<input type="text"/>	<input type="text"/>

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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 *Sixers Camp 2006*

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