

Event Information Form



County Young Leader Training Day - November 16th 2014 (Modules H, I, J, & A)

- Location:** 5th Ipswich Scout Hqs, Dumbarton Road, Ipswich, Suffolk, IP4 3JP
- Arrival time:** 8.30am
- Collection time:** 5.30pm*
*Only if staying for all modules. If not staying for module A, collection at 3.45pm.
- Cost:** £10 (Payable to "Suffolk Explorer Scouts") You must arrive with your payment and this form completed or you cannot stay for the day.
- Further details:** Attend in top half uniform and bring a packed lunch/ drink. Tea/ coffee/ squash and biscuits provided during the day. Limited to 24 places, first come, first served. Download a form via the County Calendar on the Website to book your place.
- Organiser and contact details:** Roger Dann. yl.support@suffolkscouts.org.uk or 07778 463172. Please indicate if you will be staying for module A or not when you book your place.

Outline programme

- 8.30am- Arrive
- 8.45am- Integration in tutor groups
- 9.00am- Module H
- 11.00am- Break (Refreshments provided)
- 11.15am- Module I
- 1.15pm- Lunch (Packed lunch)
- 1.45pm- Module J
- 3.45pm- Break (Refreshments provided)
- 4.00pm- Module A (*if required*)
- 5.30pm- Day ends

Behaviour agreement (Under-18's only)

On the following page there are spaces to be signed by participants who are under-18 and a parent/ guardian. By signing in this space, participants aged under-18 and their parent/ guardian agree and accept that:

- Participants will behave in a socially acceptable manner at all times
- Participants will not engage in any activity/ action that risks injury to themselves or others
- Participants will respond positively and appropriately to the requests of the adults leading the event
- Participants will keep to the timings stated on the programme

Should it become clear that a participant under-18 cannot adhere to the points above, by signing the agreement on the following page, the parent/ guardian makes an obligation to collect the participant from the event. I am hopeful that such an eventuality will not occur. Disruption to the running of the day will result in a bar to attending any further County Explorer Scout events.

Please keep this page for your own information, and detach and return the second page.

Note: All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and bring this section with you to the event. Under-18's who will be taking medication during the event- please bring spare medication with clear written instructions and hand this in on arrival.

Name of participant: _____ D.o.B: _____

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I have noted the arrangements above and agree to the named young person taking part.

Emergency contact: _____ Relation: _____		Phone: _____
2 nd contact: _____ Relation: _____		Phone: _____
Doctor's name and contact details:	Details of any medications currently being taken:	
Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:	Details of any infectious diseases he/she has been in contact with in the last three weeks:	

It may be occasionally necessary for leaders to administer basic medicines to your son/daughter. Please indicate below whether leaders may/may not administer the following to your son/ daughter:

Medicine	Consent to Administer	
	Yes	No
Paracetamol Tablets		
Ibuprofen Tablets		
Asperin Tablets		
Anti-histamine Tablets (hayfever)		
Travel Sickness Tablets		
Diarrhoea Tablet		
Constipation Tablet		
Indigestion Tablets		

Please note that leaders will only administer the recommended dose and under no circumstances will they exceed this. 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. I have read and understand the terms of the **behaviour agreement** and agree to collect my son/ daughter should their behaviour become a concern.

Signed: _____ Name: _____	Date: _____
Relationship to under-18: _____	Signature of under-18: _____