

Oldham District Scout Council

Registered Charity Number: 521640
http://www.oldhamscouts.org.uk



Permission to attend a Scouting event (Camp, Sleepover or Day trip)

A Major part of the Scouting program includes Scouting events away from our usual meeting place. We have organised such an event to take place shortly. Can you please read & keep the top section of this document, which has the details of the event and complete & return the bottom section of this document giving your permission for your child to attend.

Residential Experience information

Leader: _____ Mobile No.: _____
Venue: _____ Address: _____
Postcode: _____

From: _____ To: _____ Cost: £ _____ Deposit: £ _____ Required by: _____ Balance due: _____

All activities will be run in accordance with The Scout Association's safety rules. The organisers can accept no responsibility for the personal equipment/clothing and effects, The Scout Association does not provide automatic insurance cover in respect to such items.

Home contact

Name: _____ Telephone No: _____
Home Address: _____
Postcode: _____ Mobile No: _____

A home contact is appointed by the leader in case of emergencies for you to contact us during the event or for the leader to use to contact you

Parent / Gaurdian Authorisation

This MUST be handed in before the camp or your child will NOT be able to attend

Please indicate details of any medical treatment your child is receiving at the moment: _____

Please read the above, **check the medical information held by the group** about your child, sign and return the declaration below

I (Your Name) _____ being the parent / guardian of (Child's Name) _____

Living at (Home Address) _____

Give permission for my child to attend (Event) _____
and understand that if it becomes necessary for my child to receive any emergency medical treatment deemed necessary including a local or general anaesthetic, or blood transfusion and I cannot be contacted by telephone or any other

means to authorise this, I hereby give my general consent for _____ (Group Scout Leader),
_____ (Beaver Scout Leader), _____ (Cub Scout Leader) OR
_____ (Scout Leader) to sign any documents required by the hospital authorities on my behalf.

I understand that the leadership team reserves the right to send any participants home if necessary with no refund.

Signature: _____ Print Name: _____ Date: _____

If your child does, unfortunately, require medical treatment due to illness or accident. Every effort will be made to contact you as soon as possible either directly or via the home contact.

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

Please note that specific parental permission is needed before a child can take part in any shooting activity.

Whilst on camp we may be participating in shooting activities: Rifle shooting, Archery or Pistol Shooting.

I (Your Name) _____ being the parent / guardian of (Child's Name) _____

declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for them to take part in Rifle shooting, Archery or Pistol Shooting.

Please state if he/she has a disability or medical condition relevant to this activity: _____

Signature: _____ Print Name: _____ Date: _____

Extracts from the Firearms Act 1968

'Section 21'

(1) A person who has been sentenced (to custody for life or) to preventive detention, or to imprisonment or to corrective training for a term of three years or more (or to youth custody (or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a young offenders institution in Scotland, shall not at any time have a firearm or ammunition in his possession.

(2) A person who has been sentenced to imprisonment for a term of three months or more but less than three years (or to youth custody (or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a detention centre or in a young offenders institution In Scotland, shall not at any time before the expiration of the period of five years from the date of his release have a firearm or ammunition in his possession.

This means: Section 21 prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or shot cartridges for which a certificate is not needed. A sentence of 3 months to 3 years attracts a 5 year prohibition, shorter ones no prohibition but a longer one means a life ban.