



SEC Areas 6A, 6D & 7 - 2017 Pathfinder Curriculum Camp

26th – 29th May 2017 – Gilwell Park Scout Campsite - £25
(Gilwell Park Activity Centre, Bury Road, Chingford, E4 7QW)

All application forms should be received by your local club no later than the **25/03/2017**.

Club Name: _____ **Pathfinder Class:** _____

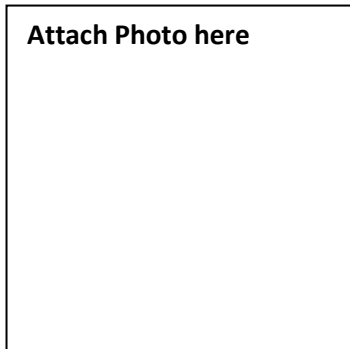
Attendee Details

Title: Mr / Mrs / Miss / Other (please specify) Surname: _____

_____ First name: _____

Date of birth: _____ Age: _____

Address:



Post Code: _____

Telephone: _____

Photography Consent

Current regulations relating to The Data Protection Act 1998 requires that we obtain your consent for images taken of your son/daughter (under 18's) which are used in either video or printed publication. Only first names will be used and/or the name of the club to which they are a member. For further information on our Photographic Policy please contact the SEC Office.

Please sign here to indicate your consent: --> _____

Transportation Consent

The event organisers may organise off-site activities, and need to obtain your permission to transport your child to these activities. This transport may include either in a minibus /car/coach and the following principles will be adhered to:

- All drivers will have undertaken a Criminal Records Bureau
- Transport will be provided in vehicles that are roadworthy under UK law.
- All minibus drivers are over 25 years of age.
- Seat belts will be worn at all times by all occupants of the vehicle.

Please sign here to indicate your consent: --> _____

Staff members and Parents only (i.e. all over 16 years old)

Disclosure and Barring Service Certificate Number: _____
Every person over 16 years of age must have a CRB/DBS certificate pertaining to Adventurers / Pathfinders, done through the SEC, dated within three years of the event end date. Without this the person will not be allowed to attend.

Parental Consent

I hereby give permission for my child to attend this event and to take part in the activities arranged, unless specified above. I agree to notify the leaders should there be any change to the information given.

Signed: _____

Date: ____/____/____

Medical Form

Club Name:		Area	
<u>Attendee Details</u>			
Title: Mr / Mrs / Miss / Other (please specify)			
Surname:			
First Name(s):			
Address:			
Postcode:		Telephone Number:	
<u>Health Information</u>			
NHS Number			
Name of Family Doctor:			
Telephone:		Fax No:	
G P Surgery Address:			
			Post code:
GP Surgery Email:			
Please tick if you have / have had any of the following:			
<i>Rheumatic fever</i>		<i>Heart trouble</i>	
<i>Asthma</i>		<i>Hernias</i>	
<i>Fainting spells</i>		<i>Travel sickness</i>	
<i>Diabetes</i>		<i>Epilepsy</i>	
<i>Hayfever</i>		<i>Kidney Disease</i>	
Date of last Tetanus injection ___ ___ / ___ ___ / ___ ___			
<i>Please give details of any current / past illnesses or medical conditions of which we should be aware (please continue on another sheet of paper if necessary).</i>			
Are you taking any medication?			Yes / No
<i>If yes, please give name of medicines and dosage details?</i>			
<i>Any medicines required during the camp should be clearly labelled with the name and exact dosage details (and should be handed to the club leader before departure if under 18).</i>			
Do you have any known allergies (e.g. to foods, medicines, vaccines etc.)			Yes / No
<i>If yes, please give details.</i>			
Are there any behavioural challenges that the organisers should be aware of?			Yes / No
<i>If yes, please specify.</i>			
<u>Emergency Contact Details</u>			
Title:	First Name:	Surname:	
Relationship to attendee:			
Address if different from applicant:			
Postcode:			
Daytime Contact No.:		Evening Contact No.:	
Email:		Mobile:	
To be completed by the parent / guardian if the attendee is under 18 years of age.			
Signed:		Date:	
_____		___ / ___ / ___	