

**Sponsored night-hike and sleepover at the Scout hut:-**

Saturday 24th to Sunday 25th November 2018

Dear parents/ carers,

This November we are holding a sponsored night-hike from Grindleford and then a sleepover at the Scout hut. The scouts have chosen that the money goes to the charities Young Minds and Galop to support them in tackling issues surrounding LGBT, mental health and domestic abuse.

We will meet at Dore/ Totley train station at 7pm to catch the 7.21pm train to Grindleford. We will be checking equipment and having a chat about the nights events while waiting for the train. From Grindleford we will be walking back to the Scout hut (roughly 9 miles).

Collection the next day will be 9am after breakfast. Your child can walk home themselves if a text of permission is sent to Lucy Turner on 07952436539.

***Eat a hot filling tea before you arrive***. You will need:

* to wear walking boots warm layers, waterproofs and gaiters (if you have them), hat, gloves and some sort of neck warmer eg a scarf and your necker
* a bag-pack to keep layers you are not wearing in plus…
* your water and (if you wanted) a flask of hot liquid AND plenty of snacks – healthy and energy boosting
* First aid kit • Survival bag • Emergency blanket • Emergency whistle • Torch (head-torch is better) • Spare batteries • Emergency rations
* for any further info or ideas visit: <http://scouts.org.uk/media/709740/Hikes_Away_Cotswold_Scout_resource_March2016.pdf>
* £1.50 train fare (preferably in change) - £2.70 for adults

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Cost for this will be £3 - (breakfast food and hot chocolate ingredients).

If your child is interested in attending please complete and return the consent form along with the money by 9pm Tuesday 20th November. Alternatively, you can text Lucy your child’s commitment and bring the consent form and monies along with them on Saturday 24th. If you require any further details please let a leader know and we will only be too happy to help.

Yours in Scouting,

Lucy Turner,  
Scout Leader.

Kit List – to be dropped off at the hut at 7pm Tues 20th

* Text Lucy if you cannot make this time

Your child will require the following items if possible:

* Sleeping bag, Thermal roll and a small pillow
* Torch and spare batteries (head torch if possible)
* Spare Clothes for Sunday morning
* Old trainers / suitable footwear that are not your walking boots
* Small towel and wash kit
* Pen, Paper and Camera (optional)
* Several *spare* plastic bags for used/ dirty clothes

*NB: We will* ***NOT*** *be responsible for any lost items of clothing* ***ALL*** *items should be labelled with your child’s name. Please!*

74th Oak Street Scout Troop

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| ***Please return the entire form (with camp fees) to the leader in a marked envelope please.*** |

**General Consent Form REF. Night hike and sleep out 2017**

***This part to be returned to the parent/guardian as receipt of consent and receipt of payment.***

Please return the **lower section** of this form, completed and signed by: **9pm Tues 20th or Sat 24th (if sent text to Lucy) Nov 2018** (closing date deadline) to Lucy Turner.

**To the Leader:** Lucy Turner

**PAYMENT RECEIVED?**

Child’s name:

Amount paid:

Received by:

Date:

(Leader to sign and date as receipt)

**Mobile number:** 07952436539

**For: 74th Oak Street Scout Troop, Canterbury Road, Sheffield, S8 9QS.**

**Name of event:** Night hike and sleepover 2018

**Address:** 74th Oak Street Scout hut

**On (date):** Sat 24th to Sun 25th Nov 2018

**The Home Contact if necessary is:**

**Name: Leslie Rochester**

**Address: 16 Carfield Avenue, S8 9HY**

**Telephone: Home: 0114 255 2638 Mob: 07903733837**

*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 camp organisers and The Scout Association does not provide automatic insurance cover in respect to such items.*

***This part to be retained by the Leader in charge.***

**I give permission for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To attend (event):** Night hike and sleepover 2018

**On (date):** Sat 24th – Sun 25th Nov 2018

Has she/he been in contact with any infectious diseases within the 3 weeks? YES/NO

Date of last tetanus immunisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicines currently being taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does she/he have any allergies to food, medicines or other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does she/he have any special dietary needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does she/he have any special needs? Please continue overleaf if necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address and telephone number of own Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***During the event*** I can be contacted in an emergency at:

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Landline:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the Leader reserves the right to send any participants home if necessary. I give permission for my child to take part in organised activities. I give permission for emergency first aid to be administered, should the need arise, e.g. plasters, sting relief. I give permission for a leader to administer pain relief tablets (age appropriate) should the need arise. If it becomes necessary for my child to receive medical treatment by a doctor or other hospital staff and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scout Leader in charge to sign any document required by the hospital authorities. I am willing for any photographs taken at camps and activities to be used for display or promotional purposes. Cross out those you don’t agree to.

**Name of parent/guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_