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**74TH OAK STREET CUB SCOUTS**

**SLEEPOVER
18th – 20th JANUARY 2019**

Dear Parent/Guardian,

This will be an action packed weekend with various activities including Ice Skating and Swimming at Doncaster Dome, Backwoods Cooking and Jump IncFlated! We will be sleeping at the hut inside tents inners for an indoor camping experience!

We will meet at the Scout Hut at **7:00pm** on Friday 18th January.
Your child will need to be collected at **2:00pm** on Sunday 20th January.

The full balance of the Sleepover is now due. **Please pay the outstanding amount of £20** **by Wednesday 16th January**. This will include all activities, meals and full use of all the facilities and transport throughout the weekend. We have secured the use of 2 Mini Buses for the weekend.

Cubs need to arrive in their full uniform (Jumper & Necker) as this will be needed over the weekend. Please see below for suggested Kit List.

If you require any further details, please do not hesitate to contact me.

Yours in Scouting,

Katie, Neil, Millie, Ellen & Dan

**KIT LIST**

Pillow Wash kit (incl. toothbrush & toothpaste)

Sleeping bag Sleepwear (something warm!)

Roll mat Indoor footwear

2 x Full change of clothes suitable for the activities. For Jump – Long sleeves & full length trousers required

Swim Kit – Swimsuit, towel, £1 for locker

Torch(incl. spare batteries)

Water bottle Lunch box

Small Rucksack (for daytime use)

74th Oak Street Scout Troop – Cubs

***\*\*Please return the entire form (With Deposit) to the leader in a marked envelope\*\****

**General Consent Form REF. SLEEPOVER 2019**

***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:  **16 JANUARY 2019
To the Leader:** Katie Smith, 19 Cliffe Road, Brampton, Barnsley S73 0XP
**Telephone:** 07786946975
**For: 74th Oak Street Scout Troop, Canterbury Road, Sheffield, S8 9QS.**
**Name of event:** Cubs Sleepover 2019
**Address:** 74th Oak Street Scout Group, Canterbury Road, Sheffield S8 9QS
**On (date):** Fri 18th January 2019 – Sun 20th January 2019
**The Home Contact if necessary is:**
**Name:** Mark Rochester **Address:** 16 Carrfield Avenue, S8 9HY
**Telephone:** 07903733837

**PAYMENT RECEIVED?**

Child’s name:

Amount paid:

Received by:

Date:

(Leader to sign and date as receipt)

*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):** Cubs Sleepover 2019
**On (date):** Fri 18th January 2019 – Sun 20th January 2019
Has she/he been in contact with any infectious diseases within the last 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Can she/he swim 50 metres and tread water? YES / NO
May she/he bathe under careful supervision? YES / NO
Name, address and telephone number of own Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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***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 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.

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

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

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