1st Shepperton Scouts • NATURE HIKE • 24th September 2019 • Shepperton

It is vital that you complete all sections of this form CLEARLY and ACCURATELY and you return it to one of the Leader Team as early as possible. PLEASE NOTE: Failure to do so may mean excluding your Scout from this activity SCOUT NAME DATE OF BIRTH NHS NO. PARENTS/GUARDIANS HOME TE HOME TEL EMAI EMAI I hereby give permission for my son/daughter named above to attend and take part in the activity as outlined below. Should any details above change I will notify the Leader team as soon as possible. **TODAYS DATE** PARENT/ GUARDIAN **SIGNATURE COST FOR ACTIVITY:** £0.00 Please hand your completed and signed form along with FULL payment to a leader. Cheques payable to 1st Shepperton Scout Troop. ACTIVITIES WILL INCLUDE PLEASE CHECK THE SCOUT WEBSITE PROGRAMME AND ACTIVITY PAGE REGULARLY FOR UPDATES. NOTE THESE ARE SUBJECT TO CHANGE AND/OR CANCELLATION. VENUE David Fern HQ START Back pack with water bottle, Head torch, Snack. ORM MUST BE SIGNED AND RETURNED OR YOUR SCOUT WILL NOT BE PERMITTED TO **Walking Boots** Date Time Location UNIFORM Jason Bletcher 24/09/2019 19:00 HQ Geoff Lulham Justin Daltrey 24/09/2019 21:00 HQ Subject to change and confirmation prior to event start DOCTORS NAME **SCOUT MEDICAL** PRACTICE ADDRESS **DETAILS** PHONE NO. UPDATES AND NOTIFICATIONS IMMEDIATELY PRIOR TO AND DURING THE CAMP WILL BE SENT VIA TEXT TO THE PRIMARY CONTACT MOBILE NUMBER YOU HAVE PROVIDED ABOVE.

PLEASE MAKE SURE THIS IS MONITORED AND ADVISE IF THIS CHANGES PRIOR TO THE EVENT. ADDITIONAL INFORMATION Please include any additional information below that we may need to be aware of.

SPECIFICALLY MEDICAL INFORMATION and INSTRUCTIONS FOR ANY MEDS THAT NEED TO BE ADMINISTERED AND ALSO ALLERGIES OF ANY KIND

ADDITIONAL REQUESTS, ENQUIRIES OR QUERIES PLEASE CONTACT THE LEADER TEAM VIA THE WEBSITE, IN PERSON AT A TROOP NIGHT OR VIA EMAIL: info@1stsheppertonscouts.org