



**Scouts**

**OVERLAND HIKER INFORMATION FORM - TO BE COMPLETED BY PARENTS/CARERS**

*Note: All activities will be run in accordance with The Scout Association's Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect of such items.*

**Please complete all sections**

**Name of Team Member .....**

**Scout Troop/Explorer Scout Unit .....**

**Team No ..... Date of Birth.....**

Doctor's name and contact details	Details of any medications currently being taken

Details of any disabilities, conditions, allergies, special needs or cultural needs	Details of any infectious diseases they have been in contact with in the last three weeks

*I have been informed of and agree to the sleeping arrangements made by my child's Scout/Explorer leader for the Overland Hike.*

*I am aware of the Overland Hike GDPR Policy as shown on page 15 of the Overland Hike Information and Rules booklet*

*I agree to photographs of the above named young person being used in Overland Hike publicity.*

*I have disclosed all known medical conditions from which the above named suffers. If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted 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.*

Signed..... Parent/Guardian

Date: .....