



Scouts

OVERLAND HIKER INFORMATION FORM

Note: 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 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 that might affect this event	Details of any infectious diseases he/she has been in contact with in the last three weeks

*In accordance with POR, I agree/do not agree (**please indicate**) my son/daughter using mixed gender tentage on the Overland Hike. (See page 12 of the Overland Hike Information and Rules booklet.*

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: