

Pocklington District Scouts  
Incident Hike

Dear Parent or Guardian,

Pocklington District Scout Troop leaders are holding their annual incident hike for the scout troop members within our district, the event is being run from Everingham Village Hall, Thorpe Le Street Road, Everingham, YO42 4JD. What3Words ///bookshop.sounds.fallen on Saturday 8<sup>th</sup> of February 2025 from 8am while 4pm.

The incident hike is a smaller non timed hike, viewed by many as a prelude to the Fells Marathon Challenge Hike which is roughly 4-6 weeks later. The hike is approximately a 10-mile course starting and finishing at the Scout Hut, with teams walking both clockwise and anti-clockwise to allow as many teams as possible out in the shortest amount of time.

Along the route there are 4 incident bases, one run by each group, where tasks and/or incidents are set, with the possibility of 1 to 2 further check point with no incident, most likely road crossing etc, each base should take no longer than 10 minutes.

**If your child has any medication that they require during the event, please can this be sent in a food bag with child's name on and instructions enclosed. This needs to be in the top of their bag. If your child has a blue inhaler they will need to keep this with them at all times but make leaders aware of it.**

All activities will be run in accordance with the Scout Association's Safety Rules. The event organisers can accept no responsibility for personal equipment, clothing and effects, and the Scout Association DOES NOT provide automatic insurance cover in respect of such items. Please contact me if you require any further information and return the form with your payment.

My son / daughter \_\_\_\_\_ is attending the incident hike on the 8th of February 2025

Date of last tetanus immunisation \_\_\_\_\_ Medicines currently being taken \_\_\_\_\_

Is he/she allergic to anything (e.g. aspirin, antibiotics, Elastoplast's, any particular food or drugs)? If so please give details \_\_\_\_\_

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

His/her National Health Service Number is \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and address of family doctor \_\_\_\_\_

Tel No. \_\_\_\_\_

I will inform you if my son/daughter has been in contact with any infectious disease within three weeks prior to the event. If it becomes necessary for \_\_\_\_\_ to receive medical treatment 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 Scouter in charge of the Camp to sign any document required by hospital authorities.

To be used in line with the scout associations policy on all photographs, video or audio taken on the event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Photographs	Yes / No
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Team number _____ To be filled on by the event organiser
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