



Parent Advice

Y4
June 2010

Use of this Form

Do not photocopy this form double sided – Page 1 is to be retained by the Parent/Guardian, Page 2 to be returned to the Section Leader

Parent to retain this page of the form

Activity Details

| | | | | | |
|---|-------------------------------|-----------------------------------|--|----------------------|--|
| Group | | | | Section | |
| Activity | | | | | |
| Activity Location | | | | | |
| Start Time | | Date | | Meeting Place | |
| Finish Time | | Date | | Meeting Place | |
| Leader in Charge of Activity | | | | Appointment | |
| Phone | | | Mobile | | |
| Email | | | | | |
| Type of transport to and from Activity | | | | | |
| Cost of Activity | | Payable to | | By the | |
| If you feel that your child is overdue from the activity, you should contact | | | | | |
| Name | | | | Phone | |
| The activity | WILL <input type="checkbox"/> | WILL NOT <input type="checkbox"/> | be under direct adult supervision | | |
| The activity | WILL <input type="checkbox"/> | WILL NOT <input type="checkbox"/> | Involve both male and female youth members | | |
| The activity | WILL <input type="checkbox"/> | WILL NOT <input type="checkbox"/> | require uniform to be worn | | |

Additional Parent Information

Parents should keep this page for reference, and return the Authority to Participate Section of this form (Page 2) to the Section Leader by the time indicated

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Return this page to the Section Leader

Authority to Participate

| | | | |
|--|--|----------------------|---|
| Parents Consent to be returned to the Section Leader by | | | |
| Activity | | Activity Date | |
| Name of Youth Member | | Date of Birth | |
| Name of Group / Section | | Gender | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| Address of Youth Member | | Phone | |
| Suburb | | Postcode | |
| Email Address | | | |

Health and Fitness aspects of youth member that leaders should be advised of, including any medication, with instructions, the child will be bringing. For special diets please provide examples, brand names etc of what you are able to eat. Attach a separate sheet listing in detail these requirements.

| | |
|-----------------------------|--|
| Known allergies | |
| Dietary requirements | |

The following activities will be provided during the event. Please indicate Yes or No to allow your child to participate in the specified event.

*****If there is no indication your child will not be permitted to participate in that activity*****

| Type of Activity | Consent | | | Type of Activity | Consent | |
|------------------------|------------------------------|-----|-----------------------------|------------------|------------------------------|-----------------------------|
| | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can he/she swim | 20m | 50m | 100m | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

During the activity where we can contact the parents

| | | | |
|----------------|--|--------------|--|
| Name | | | |
| Address | | Phone | |

In case of an emergency the contact person will be

| | | | |
|-------------------------------------|--|--------------|--|
| Name | | | |
| Address | | Phone | |
| Relationship to Youth member | | | |

Hospitals sometimes require the following information

| | | | | |
|------------------------------------|-------------|------------------------|------------------------------|-----------------------------|
| Medicare No | | Ambulance Cover | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Private Health Fund Details | Name | | | |
| Member # | | Table | | |

Agreement and Medical Authority

Medical

I agree not to make a claim against Scouts Australia (SA Branch) beyond the level of insurance provided by their policies (see explanation below). I authorise any member or other official representative of Scouts Australia (SA Branch) to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse Scouts Australia (SA Branch) for any expenses incurred as a result which are not covered by the Association's insurance policies.

Explanation of Scout Association Insurance

Scouts Australia (SA Branch) maintains insurance policies designed to cover Adult/Youth Members during Scouting service. For further information you should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.

Consent to Use of Image

I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts Australia.

Signed _____ Date _____

Relationship to child [eg parent/guardian/care giver] _____