



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

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] _____