



**CONSENT TO ATTEND AN OVERNIGHT ACTIVITY OR EVENT.**

PLEASE PRINT ALL DETAILS

Activity/Event

Scout Group  Section:

**ACTIVITY/EVENT DETAILS**

Minimum  Maximum  Please Return this Form **NO LATER THAN**

**If the minimum number of participants have not returned this A3 by the 'form return date' the event will not go ahead.**

From (Date)  To (Date)

Location

Meet at  at  am/pm

Pick up from  at  am/pm

Cost \$  Leader  Contact No of Venue

**ACCEPTANCE BY LEADER (Leader to complete on return of form)**

Payment Included:  Signed

Top section to be returned to Applicant – Bottom section to be retained by Leader.

Activity:  Amount Paid:

**APPLICANTS PERSONAL DETAILS**

Name  Membership No:

Home Address

Date of Birth  Applicants Level of Swimming

**EMERGENCY CONTACT during Activity/Event**

Name  Relationship to Applicant

Address

Phone Home  Work  Mobile

**ACCEPTANCE**

I give permission for the applicant to attend the Overnight Activity (details as above) and for the Leader in charge to seek medical attention for the applicant should the need arise. I further agree that I have completed the health statement (overleaf) and attached any further information that could affect the welfare of the applicant.

I give permission for the Leader in charge to administer the following medications without seeking my further permission:

Paracetamol YES / NO      Nurofen YES / NO      Panadol YES / NO      Claratyne YES / NO

Signature of Applicant (if over 18 years)

Signature of Parent/Guardian (if applicant under 18 years)

Date



**OTHER INFORMATION**

-----  
**HEALTH STATEMENT**

**MEDICATION:** Please provide details of medication the applicant will be taking during the Activity

Type:  Dosage:   
Frequency of Dose:

**DIETARY REQUIREMENTS:** Please provide details of any dietary requirements

**ALLERGIES/AILMENTS/DISABILITIES:** Please provide details of any allergies, ailments or disabilities:

**IMMUNISATION**

Has Applicant been immunised against Tetanus in the past 5 years?

If Not: Can the applicant be given a Tetanus injection should the need arise?

Date of Immunisation:

Medicare No:

Ambulance Fund No:

Health Fund:

Health Fund No: