



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

PLEASE PRINT ALL DETAILS

Activity/Event

Scout Group  Section

**ACTIVITY/EVENT DETAILS**

From (Date)  To (Date)

Location

Contact No of Venue  Leader Responsible

Adventurous Activities being conducted

Participants are required to meet at  (Place) at (Time)  am/pm

and are to be picked up from  (Place) at (Time)  am/pm

Cost of Activity: \$  Please Return this Form NO LATER THAN

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

Payment Included:  Signed

RETURN TO SECTION LEADER COMPLETE

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

Contact Numbers 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.

Signature of Applicant (if over 18 years)

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

Date



**HOW TO GET THERE**

Map can be included here for easy reference if parent transport is being used.

**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? Date of Immunisation

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

Medicare No:

Ambulance Fund No:

Health Fund:

Health Fund No: