



ACTIVITY CONSENT FORM FOR YOUTH MEMBERS

Please click the cursor inside the box and type or print clearly with a black pen

ACTIVITY DETAILS

Event:	Date of Event: From / / _____ am/pm
Unit:	To / / _____ am/pm

This section is to be retained by the parent or legal guardian. Please see the reverse of this form for further details.

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MEDICAL INFORMATION – This section is to be brought to the event

Name:	Date of Birth: / /	Unit:
Medicare Number:	Address registered for Medicare:	
Card Expiry: /	Application's Reference Number:	
Ambulance cover: YES NO	Name of fund/ number:	
Private health cover: YES NO	Name of fund/ number: ()	
Emergency contact details during the event, including name, phone and mobile contact details:		

I have completed the back of this form and to the best of my knowledge this information is correct and the participant is in good health

Signature: (Parent or Guardian) Date: / / 20

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PERMISSION TO ATTEND – This section is to be returned by: / / 20

Event:	Name of participant:	Date of Event: / / 20
Unit:	Membership Number:	Expiry Date: / / 20

I, _____ being parent/legal guardian of _____ (full name) hereby apply for my daughter to attend the above event. If the application is accepted, to the best of my knowledge she is fit to participate and has permission to take part in all activities except for _____.

I undertake that she will attend this event only if, to the best of my knowledge, she has not been in contact with any infectious diseases in the three weeks prior to the event.

I acknowledge I have been informed that a copy of *GuideLines* (publication containing the policy, organisation and rules of Girl Guides Australia) is available for inspection at all Guide venues, that the sections related to program, camping, adventurous activities and policies can be viewed on the Girl Guides Australia website www.girlguides.org.au and that I have been invited to read this publication.

I authorise the Leader-in-charge to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion, for my daughter in the event of any illness or accident. *Note:* All reasonable attempts to make contact with the nominated 'emergency contact' will be made. I consent to the release of the health information on this form to any person who provides medical treatment and care to the applicant whilst participating in this event.

I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred.

I have completed the back of this form and to the best of my knowledge the information is correct.

I enclose \$ _____ as a full fee/ deposit	Signature:	Date: / / 20
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