



# Parent Advice

# Y4

June 2010

### Use of this Form

## THIS FORM IS FOR YOUTH MEMBERS

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	1st Gilberton Scout Group		Section	Joeys	
Activity	Woodhouse Environment camp				
Activity Location	Woodhouse Activity Center				
Start Time	1745	Date	29/3/19	Meeting Place	Gilberton Scout Hall
Finish Time	1400	Date	31/3/19	Meeting Place	Woodhouse Activity Center
Leader in Charge of Activity	Olivia Hindes			Appointment	JSL
Phone		Mobile	0407 900 022		
Email	andyliv@optusnet.com.au				
Type of transport to and from Activity	Private / car pool				
Cost of Activity	\$40	Payable to	Please pay via direct transfer to Gilberton Scout Group		By the
					12/3/19
If you feel that your child is overdue from the activity, you should contact					
Name	Group Leader - Cherie Tomlin		Phone	Ph: 0431 705 321	
The activity	WILL <input checked="" type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision		
The activity	WILL <input checked="" type="checkbox"/>	WILL NOT <input type="checkbox"/>	Involve both male and female youth members		
The activity	WILL <input checked="" 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

We will be again joining our buddies from the Karkana district for our Environment theme camp. Sleeping will be in tents and each Joey is required to have a caregiver with them throughout the whole camp. Please remember that all shoes must have closed in toes for your safety.

We will meet at the Scout hall and travel up together. Friday night tea is not included in the camp fee, so please eat before departure or have food to eat on the journey.

I am happy to answer any questions.

Please make payments via EFT to Gilberton Scout Group  
BSB 035 039 Account 168 230

**Return this page to the Section Leader**

**Authority to Participate**

<b>Parents Consent to be returned to the Section Leader by</b>			
<b>Activity</b>	Woodhouse Enviroment camp	<b>Activity Date</b>	29/3 - 31/3/19
<b>Name of Youth Member</b>		<b>Date of Birth</b>	
<b>Name of Group / Section</b>	1st Gilberton Joey Scouts	<b>Gender</b>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
<b>Address of Youth Member</b>		<b>Phone</b>	
<b>Suburb</b>		<b>Postcode</b>	
<b>Email Address</b>			

**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.**

<b>Known allergies</b>	
<b>Dietary requirements</b>	

**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	
HAVE FUN	YES <input type="checkbox"/>	NO <input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Camp in tents	YES <input type="checkbox"/>	NO <input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can he/she swim	N/A	20m	50m	100m	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**During the activity where we can contact the parents**

<b>Name</b>			
<b>Address</b>		<b>Phone</b>	

**In case of an emergency the contact person will be**

<b>Name</b>			
<b>Address</b>		<b>Phone</b>	
<b>Relationship to Youth member</b>			

**Hospitals sometimes require the following information**

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

**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] \_\_\_\_\_