



Parent Advice

Y4

June 2010

Use of this Form

THIS FORM IS TO BE USED 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 | Viking Joey Camp | | | | |
| Activity Location | Weetulta Scout Camp Ground | | | | |
| Start Time | 9:30am | Date | 08/06/19 | Meeting Place | Weetulta Scout |
| Finish Time | 11:30am | Date | 10/06/19 | Meeting Place | Camp Ground |
| Leader in Charge of Activity | Olivia Hindes | | | Appointment | JSL |
| Phone | 0407 900 022 | | Mobile | | |
| Email | andyliv@optusnet.com.au | | | | |
| Type of transport to and from Activity | Private | | | | |
| Cost of Activity | \$40 | Payable to | Gilberton Scout Group | By the | 28/05/19 |
| If you feel that your child is overdue from the activity, you should contact | | | | | |
| Name | Olivia Hindes | | | Phone | 0407 900 022 |
| 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

Join us and our country mob buddies on a Viking theme camp at Weetutla campground (about 10km south of Moonta)
 Camp will run from Saturday morning until monday morning.
 Camping will be in tents and Joeys are required to have a parent or carer with them throughout the camp.

Please make payment via bank transfer to the
 1st Gilberton Scout Group
 BSB 035 039. Account 168230

Return this page to the Section Leader

Authority to Participate

| | | | | |
|--|--------------------|----------------------|-------------------------------|---------------------------------|
| Parents Consent to be returned to the Section Leader by | | | 28/05/19 | |
| Activity | Weetulta Joey Camp | Activity Date | 08/06/19 - 10/06/19 | |
| Name of Youth Member | | Date of Birth | | |
| Name of Group / Section | Gilberton Joeys | 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 | |
|---------------------|---|---|--|------------------|------------------------------|-----------------------------|
| Cook on camp fire | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | HAVE FUN | 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 N/A | 20m <input checked="" type="checkbox"/> | 50m <input checked="" type="checkbox"/> | 100m <input checked="" type="checkbox"/> | | 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] _____