



**CONSENT TO ATTEND AN  
OVERNIGHT SCOUTING ACTIVITY / EVENT**

PLEASE PRINT ALL DETAILS

Activity / Event

Scout Group  Section:

**ACTIVITY / EVENT DETAILS**

From (Date)  To (Date)

Location

Contact No of Venue  Leader Respons

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.

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Activity:  Amount Paid:

**APPLICANTS PERSONAL DETAILS**

Name  Membership No:

Home Address

Date of Birth  Applicants Level of Swimmin

**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.

**Applicant to sign if over 18 years – Parent/Guardian to sign if applicant under 18 years**

Print Name:  Signed:  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 / AILEMENTS / DISABILITIES:**  
Please provide details of any allergies, ailements 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: