



CONSENT TO ATTEND AN OVERNIGHT ACTIVITY OR EVENT.

PLEASE PRINT ALL DETAILS

Activity/Event

Scout Group Section

ACTIVITY/EVENT DETAILS

From (Date)	<input type="text"/>	To (Date)	<input type="text"/>
Location	<input type="text"/>		
Contact No of Venue	<input type="text"/>	Leader Responsible	<input type="text"/>
Adventurous Activities being conducted	<input type="text"/>		
Participants are required to meet at	<input type="text"/>	(Place) at (Time)	<input type="text"/> am/pm
and are to be picked up from	<input type="text"/>	(Place) at (Time)	<input type="text"/> am/pm
Cost of Activity:	\$ <input type="text"/>	Please Return this Form NO LATER THAN	<input type="text"/>

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

Payment Included:	<input type="text"/>	Signed	<input type="text"/>
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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	<input type="text"/>	Membership No:	<input type="text"/>
Home Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Applicants Level of Swimming	<input type="text"/>

EMERGENCY CONTACT during Activity/Event

Name	<input type="text"/>	Relationship to Applicant	<input type="text"/>
Address	<input type="text"/>		
Contact Numbers Home	<input type="text"/>	Work	<input type="text"/>
		Mobile	<input type="text"/>

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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: