ADM.27

ACTIVITY CONSENT FORM FOR YOUTH MEMBERS

GIRL GUIDES AUSTRALIA

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

ACTIVITY DETAILS

Event: ANZAC Day March @ Chelsea	Date of Event: From 25 /4 /15 9:00 am am/pm
Unit: Carrum Guides	To 25 /4 /15 N/A am/pm

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

✂- -

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

Name:	Date of Birth: / /	Unit:
Medicare Number: Card Expiry: / Application's Reference Number:	Address registered for Medicare:	
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

✂- -

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

Event: ANZAC Day March	Name of participant:	Date of Event: 25 / 4 / 2015
Unit: Carrum Guides	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

EVENT DETAILS – This section is to be retained by the parent or legal guardian

The event will be held at:

Meet at cnr of Station & Swanpool at 9am (March starts at 9:30am) in full guide uniform. Parents to drop off guides (with permission form) then meet us at the RSL at the end of the march.

Leader-in-charge: Sam Dowling	Total cost of event: N/A	
Emergency contact: 0402 009 879	Deposit: N/A	Due: / / 20
Phone: ( ) 0402 009 879	Balance: N/A	Due: / / 20
Activities: Full uniform please. Parents to either meet us at the RSL at the end of the march or follow along the footpath near us during the march. After the march is a ceremony where guides will be represented. You are encouraged to stay for the ceremony however the guides are your responsibility during this service. After the service, the guides will hand out ANZAC Slice to all members.	Travel Arrangements: Own	

✂- -

HEALTH FORM – PART B – This section is to be brought to the event

This form is to help the first aider in caring for the health of the participant. The contents will remain confidential.

Is the participant taking ANY medication at present? ☐ YES ☐ NO

If YES, please attach the details and management plan for any condition (such as asthma, epilepsy, etc.)

ALL medication must be in original packaging with original pharmacy or suppliers label and clearly labelled with name of participant, type of medication and dosage. **The first aider will supervise the administration of all medication including paracetamol.**

Any further information the first aider should know:

Does your daughter wear contact lenses? ☐ YES ☐ NO

Date of participant's last tetanus immunisation: / /

Paracetamol will not be administered unless provided to the First Aider in its original packaging and is clearly labelled

✂- -

HEALTH FORM – PART A

Does the participant suffer for any of the following:

- ☐ Asthma
- ☐ Bedwetting
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Sleep Walking
- ☐ Fainting
- ☐ Hay Fever
- ☐ Nose Bleeds
- ☐ Severe Allergies

Give details of any known allergies such as food, insect bites or medication:

Does she have any disability or chronic illness or need any special health care? YES ☐ NO ☐

If YES, please attach details and a management plan if applicable.

Does she know about menstruation? ☐ YES ☐ NO

Give any details of any special food requirements for medical, religious or other reasons:

If swimming or boating is listed as an activity, please indicate her ability: WEAK ◉ AVERAGE ○ STRONG ○

Parents Name:	Phone (BH):
Address:	Phone (AH):
State: Postcode:	Mobile