



ACTIVITY CONSENT FORM FOR YOUTH MEMBERS

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

ACTIVITY DETAILS

Activity:	Date of Activity: / / 20
Name of applicant:	Unit:

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



MEDICAL INFORMATION

Name:	Date of Birth: / /	Unit:
Medicare Number:	Address registered for Medicare:	
Applicant's Medicare Reference Number:		
Private health cover: YES NO	Name of fund:	
Ambulance cover: YES NO	Membership Number:	
Emergency Contact:	Phone: ()	Mobile: ()

I have completed the **back** of this form and to the best of my knowledge this information is correct and my daughter is in good health.

Signature: _____	(Parent or Guardian)	Date: / / 20
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This section is to be brought to the event.



PERMISSION TO ATTEND

Activity:	Name of applicant:	Date of Activity: / / 20
Unit:	Membership Number:	Expiry Date: / / 20

I, _____ being parent/legal guardian of _____ (full name) hereby apply for my daughter to attend the above activity. If the application is accepted, to the best of my knowledge my daughter is fit to participate and has permission to take part in all activities except for _____.

I undertake that my daughter will attend this activity/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 activity/event.

I acknowledge I have been informed that a copy of *Guide Lines* (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 these activities.

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
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This section is to be returned to the Leader-in-charge by: / / 20

