



Parent Consent – Camp / Outdoor Activity – all Sections

Section Name: \_\_\_\_\_ Activity name: \_\_\_\_\_

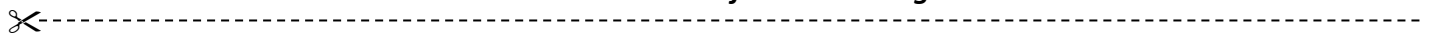
Part A PARENTS COPY

Dear parents/guardians/caregivers, the following are arrangements for the next Mob/Pack/Troop/Patrol camp/Unit/hike/activity PLACE:

DURATION From: \_\_\_\_\_ To: \_\_\_\_\_
ASSEMBLY Location: \_\_\_\_\_ Time: \_\_\_\_\_
RETURN Location: \_\_\_\_\_ Time: \_\_\_\_\_
Activity under control of Adult Leader/Patrol Leader: \_\_\_\_\_ Cost: \$ \_\_\_\_\_
Mobile number: \_\_\_\_\_

Once this amount is paid and provisions purchased, no refund will be made through non-attendance at the respective activity except in special circumstances.

See attached list of what to bring



Part B LEADERS COPY

This form to be filled in by parent(s), caregiver(s) or guardian(s) and returned, together with camp fee to the Leader-In-Charge by the following date \_\_\_\_\_

I approve of \_\_\_\_\_ (Youth Member's Name)

Address: \_\_\_\_\_

Attending activity from: \_\_\_\_\_ to \_\_\_\_\_

Should the necessity arise, I can be contacted during the activity period at:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

I submit the following details for your attention:

Medicare No. \_\_\_\_\_ Date of last tetanus injection: \_\_\_\_\_

Points in the Youth Member's health or dietary requirements requiring some special attention:

[Empty box for health or dietary requirements]

Details of Youth Member's behaviour or habits requiring special attention:

[Empty box for behaviour or habits requiring special attention]

Details of Youth Member's faith requiring special attention:

[Empty box for faith requiring special attention]

The program will contain the indicated adventurous activities requiring specific approval. Initial on your consent adjacent to indicated activity

Grid of activities with checkboxes: Can your child swim, Swimming, Sleep on top bunk if 9 years or over, Abseiling, Archery, Bushwalking, Caving, Canoe/Kayak, 4WD, Pioneering, Snorkelling, Rock Climbing

In the event of injury to the Youth Member, where reasonable attempts to contact me are unsuccessful I give authority for such medical treatment to be given to the youth member as is recommended by a medical practitioner and seems in the opinion of the leader in charge to be reasonable and appropriate.

Signature of parent, caregiver or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent, caregiver or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If no second signature, please state a reason. for example, single parent)