



NOTIFICATION OF CAMP/OUTDOOR ACTIVITY

Form: C4
Issue: 07
Date: 09/05

PARENT'S COPY

_____ Group

Dear Parent/Guardian, *The following are arrangements for the next Troop/Patrol Camp/Hike at:*

PLACE: _____

DURATION: from _____ to _____

ASSEMBLY: at _____ at _____ am/pm

RETURN: at _____ at _____ am/pm

Camp/Hike under control of Adult Leader/Patrol Leader: _____

COST: \$_____. Once this amount is paid and provisions purchased, no refund will be made through non-attendance at the respective Activity except in special circumstances.

SUGGESTED CAMP KIT: Each Scout will wear full uniform and bring the following kit neatly stowed in a pack:

Groundsheet, two blankets or sleeping bag, pyjamas, old shirt, shorts, hat or cap, extra socks, sandals/joggers, underclothing, handkerchiefs, eating utensils (2 deep plates, cup, knife, fork, spoon), teatowel, swimming togs, towel, soap, comb, toothbrush and toothpaste, raincoat, warm clothes as required, sunscreen and insect repellent, personal first-aid kit.

NOTE: Camp Kit varies for Hikes, Overnight Canoe Activities etc.
Consult your Patrol Leader/Adult Leader.

LEADER'S COPY

THIS FORM TO BE FILLED IN BY PARENT OR GUARDIAN AND RETURNED, TOGETHER WITH CAMP FEE TO THE LEADER-IN-CHARGE BY _____.

I approve of _____
(Scout's Name)

Address: _____
attending camp from _____ to _____

Should the necessity arise, I can be contacted at: _____
Phone: (_____) _____

I submit the following details for your attention:

Medicare No. _____

Is the Scout physically fit? _____ Points in Scout's health requiring some special attention: _____

Will medication and dosage instructions be carried? _____

If so, please supply details: _____

Date of last Tetanus Injection: _____

Can the Scout swim? _____ If so, is he/she allowed? _____

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. I undertake to be responsible for any fees or charges with respect to that treatment and to pay those costs on demand by the Association.

Signature of Parent or guardian: _____

Date: _____