



SCOUTS AUSTRALIA, Victorian Branch

SPECIAL ACTIVITY PERMISSION FORM

My Son/Daughter has permission to attend and engage in and associated Scouting Activities to be held at.....

.....

From to.....

I agree to meet the expenses of my child being returned home by any officer, servant or agent of the Association accompanying him/her and then returning to the location of the Activity or by collecting my child from the Activity personally. I understand that such an arrangement may be necessary due to illness, injury or if in the opinion of the Leader in charge, there is no co-operation of any description by my child.

In the event of accident or illness I authorise any officer, servant or agent of the Association to obtain on my behalf at my expense such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered appropriate by the officers, servants or agents of the Association and (should it be advised by duly qualified medical practitioner that it is necessary) to organise a general anaesthetic. This clause also includes any dental treatment urgently required.

I further agree to pay on demand by the Association all such medical, hospital and other fees and expenses incurred or to be incurred by the Association in such circumstances other than such fees and expenses recoverable under the Policy of Insurance taken out by the Association.

Allergies to any Medication

Date of last Tetanus injection

Medical Health No. (Medicare).....

Member of Private Health Fund No.....

Ambulance Service Subscriber Yes / No

Signed

(Mother, Father, Guardian)

Address

Post Code:.....

Telephone No.

MEMBERSHIP NO.....

Date

IMPORTANT

THIS FORM IS ONLY TO BE USED ONLY WHEN SUPERVISION AND CONTROL OF AN ACTIVITY PASSES TO SOMEONE NOT A MEMBER OF SCOUTS AUSTRALIA

THE FORM WHEN COMPLETED IS TO BE RETAINED BY THE LEADER ORGANISING THE EVENT