



Parent Advice

Y4

December 2022

Use of this Form

- Do not print/photocopy this form double sided – Page 1 is retained by the Parent/Guardian, Page 2 is returned to the Leader

Parent to retain this page of the form

Activity Details

Group				Section	
Activity					
Activity Location					
Start Time		Date		Meeting Place	
Finish Time		Date		Meeting Place	
Leader in Charge of Activity				Appointment	
Phone			Mobile		
Email					
Type of transport to and from Activity					
Cost of Activity		Payable to		By the	
If you feel that your child is overdue from the activity, you should contact					
Name				Phone	
The activity	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision		
The activity	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	Involve both male and female youth members		
The activity	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	require uniform to be worn		
Parent Consent to be returned to the Section Leader by					

Additional Parent Information

Parents should keep this page for reference, and return the Authority to Participate Section of this form (Page 2) to the Section Leader by the time indicated

Return this page to the Leader

Authority to Participate

Activity		Activity Date	
Name of Youth Member		Group/Section	
Date of birth		Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>

Health and Fitness aspects of youth member that leaders should be advised of, including any medication, with instructions, the child will be bringing. For special diets please provide examples, brand names etc of what you are able to eat. Attach a separate sheet listing in detail these requirements.

Include allergies and dietary requirements

Activity Acknowledgement

The following activities will be provided during the event. Please indicate Yes or No to allow your child to participate in the specified event. **If there is no indication your child will not be permitted to participate in that activity**

Activity	3 rd Party?	Provider Name	Waiver/Insurance Information provided	Consent	
	YES <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>		YES <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can he/she/they swim	20m	50m	100m		

During the activity where we can contact the parents/guardians

Name			
Address		Phone	

In case of an emergency the contact person will be

Name		Relation	
Address		Phone	

Hospitals sometimes require the following information

Medicare No		Ambulance Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Agreement and Medical Authority

Medical

I agree not to make a claim against Scouts Australia (SA Branch) beyond the level of insurance provided by their policies (see explanation below). I authorise any member or other official representative of Scouts Australia (SA Branch) to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse Scouts Australia (SA Branch) for any expenses incurred as a result which are not covered by the Association's insurance policies.

Explanation of Scout Association Insurance Provision and Responsibility

Scouts Australia (SA Branch) maintains insurance policies designed to cover Adult/Youth Members during Scouting service. For further information you should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.

The activities referred to in section Activity Acknowledgement that have 'yes' ticked in the 3rd party section above are conducted by third parties. Scouts SA does not conduct the activity/ies. Those services are an optional add-on to the Scouts activity, and you can choose for you/your child not to engage in that activity. The Third-Party waiver and insurance information is attached and their services if you choose to engage in the activity will be provided directly to you/your child by the Third Party. Scouts SA is not responsible for examining or evaluating such providers and does not provide any warranty relating to the Third-Party delivery of services. Any claim in respect to such activity lies against the Third-Party provider and not against Scouts. By signing this document, you acknowledge and agree to the provision of the Third-Party services by the Third-Party on this basis."

Consent to Use of Image

I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts Australia.

Signed _____ Date _____

Relationship to child [eg parent/guardian/care giver] _____