



GIRL GUIDES
AUSTRALIA
VICTORIA

UNIT, DISTRICT & REGION ACTIVITY FORM YOUTH

This form is to be used for adventurous activities, swimming, overnight stays and camps.
Participants are to be provided with information about the activity on form PD02.

Please return this form to the Leader-in-Charge by: ____ / ____ / ____

Activity/Event Name: _____	Date: _____
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Participant's name: _____	Membership ID: _____
Participant's Unit: _____	Expiry Date: ____ / ____ / ____
	Date of Birth: ____ / ____ / ____

During the activity, carers may be reached at:

Name: _____	Relationship to Participant: _____
Phone: _____	Mobile: _____
Address: _____	

Name: _____	Relationship to Participant: _____
Phone: _____	Mobile: _____
Address: _____	

If we cannot be reached, in the event of an emergency please contact the following person:

Name: _____	Phone: _____	Mobile: _____
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Additional Remarks including custody considerations:

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Medicare Number: ____ ____ ____ ____ ____ ____ ____ ____ ____	Person number on card : ____
Private Health Cover: <input type="checkbox"/> YES <input type="checkbox"/> NO Fund Name: _____	Membership No: _____
Ambulance Cover: <input type="checkbox"/> YES <input type="checkbox"/> NO Membership No: _____	

Is the participant taking ANY medication at present or is likely to require ANY medication during the event?
(This includes paracetamol, asthma or hay fever medication etc.) ☐ YES ☐ NO

If YES, please list details of medication and dosage
.....
.....
.....

Note: All medication must be clearly labelled with name of participant, type of medication and dosage. The first aider will supervise the administering of ALL medication including paracetamol.

Please ensure you also complete the other side of this form

Does your daughter suffer from any of the following (please tick):

- ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Sleep Walking ☐ Fainting
☐ Hay Fever ☐ Nose Bleeds ☐ Bed Wetting ☐ Severe Allergic Reaction

Give details of any known allergies such as food, insect bites or medication :

.....
.....

Does she suffer from a disability or chronic illness or need any special health care?

☐ YES ☐ NO If YES, give details including any management plan for any condition (ie asthma or epilepsy etc) or medication requirements:

.....
.....

If you require more room, please attach on additional paper

Give details of any special food requirements for medical, religious or other reasons:

.....
.....

Does the participant wear contact lenses? ☐ YES ☐ NO

Does the participant know about menstruation? ☐ YES ☐ NO

Date of the participant's last tetanus immunisation: ____ / ____ / ____

If swimming and/or boating is listed as an activity, how far can the participant swim? metres

Permission to attend

I,, being carer of (daughter's full name)
(please print legibly)

.....hereby apply for my daughter to attend the above activity.
(please print legibly)

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 that 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 and that the sections related to program, camping, adventurous activities and policies can be viewed on the Girl Guides Australia website www.guidesaus.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 carers or the nominated person to contact in an emergency 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 my daughter 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 both pages of this form and to the best of my knowledge the information is correct.

Carer Name : Date: ____ / ____ / ____
(please print legibly)

Signature : Date: ____ / ____ / ____