



# UNIT, DISTRICT & REGION HEALTH FORM YOUTH

This form is to:

- ♣ assist the first aider in caring for the health of the participant
- ♣ to be completed no more than 24 hours before the event and to be handed to the first aider at the start of the event, along with any medication required during the event (including paracetamol)
- ♣ to be used in conjunction with the Unit, District & Region Activity Form PD 03 and Activity Details Form PD 02
- ♣ to be used for adventurous activities, swimming, overnight stays and camps

Activity/Event Name:	Date:
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Participant's Name:	Unit:
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Change to Emergency contact since completing Activity Permission Form PD 03:

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

Please list any changes to medical details or medication since completing Activity Permission Form PD 03 or any further information the Leaders should know:

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**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.

To the best of my knowledge, my daughter has not been in contact with any infectious diseases in the three weeks prior to the activity/event.

Carer 's Name : .....  
(please print legibly)

Signature : ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_