



**CONSENT TO ATTEND**  
**THE FOLLOWING SCOUT ACTIVITIES/ EVENTS**

PLEASE PRINT ALL DETAILS

|                           |  |                |             |
|---------------------------|--|----------------|-------------|
| <b>SCOUT GROUP</b>        |  | <b>SECTION</b> |             |
| <b>LEADER RESPONSIBLE</b> |  | <b>TERM</b>    | <b>YEAR</b> |

Consent is required for any registered or non registered member to attend the following activities / events that will occur outside the normal meeting venue for the above mentioned section.

**Overnight Activities should not be included on this form. Please use A3 form for overnight activities.**

| DATE/S | ACTIVITY | VENUE | COST | PERMISSION TO ATTEND        |                            |
|--------|----------|-------|------|-----------------------------|----------------------------|
|        |          |       |      | YES                         | NO                         |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |
|        |          |       |      | Initial this column for YES | Initial this column for NO |

It is the responsibility of the Leader in Charge to provide you with final details of the activities / events at least 2 weeks prior to the date.

**APPLICANTS DETAILS**

|                |  |                       |  |
|----------------|--|-----------------------|--|
| <b>NAME</b>    |  | <b>MEMBERSHIP No:</b> |  |
| <b>ADDRESS</b> |  | <b>PHONE No:</b>      |  |
| <b>SUBURB</b>  |  | <b>P/CODE</b>         |  |

**EMERGENCY CONTACT**

|                   |  |                     |               |
|-------------------|--|---------------------|---------------|
| <b>NAME</b>       |  | <b>RELATIONSHIP</b> |               |
| <b>HOME PHONE</b> |  | <b>WORK PHONE</b>   | <b>MOBILE</b> |

**ACCEPTANCE**

I give permission for the applicant to attend the activities / events (marked Yes) and for the Leader in Charge of the Activity or event to seek medical attention for the applicant should the need arise.  
I have supplied the Leader in Charge with an annual Health Statement for the applicant and agree to notify the Leader in Charge should any changes occur with the health of the applicant.

|                              |   |      |
|------------------------------|---|------|
|                              |   |      |
| Applicant (if over 18 years) | Parent / Guardian (If applicant under 18 years) | Date |