



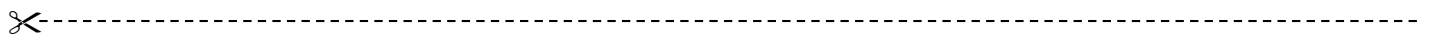
Notification Of Camp / Outdoor Activity

Part A PARENTS COPY

Dear Parent/Guardian, The following are arrangements for the next Troop/Patrol Camp/Hike

Place: _____
DURATION From: _____ To: _____
ASSEMBLY Location: _____ Time: _____
RETURN Location: _____ Time: _____
Activity under control of Adult Leader/Patrol Leader: _____ Cost: \$ _____

Once this amount is paid and provisions purchased, no refund will be made through non-attendance at the respective activity except in special circumstances.



Part B LEADERS COPY

This Form To Be Filled In By Parent(S) Or Guardian(S) And Returned, Together With Camp Fee To The Leader-In-Charge By _____

I approve of _____ (Scouts Name)
Address: _____
Attending camp from: _____ to _____
Should the necessity arise, I can be contacted at:
Phone _____ Mobile _____

I submit the following details for your attention:

Medicare No. _____ Date of last Tetanus Injection: _____
Points in the Scout's health or behaviour requiring some special attention:

[Empty box for special attention points]

Details of any medication and dosage that will be carried:

[Empty box for medication details]

The program will contain the indicated adventurous activities requiring specific approval. Initial adjacent to activity

Swimming, Pioneering, Archery, Canoe/Kayak, Bushwalking, 4WD, Abseiling, Snorkelling, Rock Climbing, Caving

In the event of injury to the Youth Member, where reasonable attempts to contact me are unsuccessful I give authority for such medical treatment to be given to the youth member as is recommended by a medical practitioner and seems in the opinion of the leader in charge to be reasonable and appropriate. I undertake to be responsible for any fees or charges with respect to that treatment and to pay those costs on demand by the Association.

Signature of parent, caregiver or guardian: _____ Date: _____

Signature of parent, caregiver or guardian: _____ Date: _____

(If no second signature, please state a reason. for example, single parent)