

ACTIVITY CONSENT & HEALTH FORM ADM. 27 FOR YOUTH MEMBERS



GIRL GUIDES
A U S T R A L I A

VALID UNTIL 31 DECEMBER 2021

1 YOUTH MEMBER'S DETAILS

Given Name/s

Surname

Date of Birth

Membership number

Medicare number & IRN

Medicare expiry

2 HEALTH INFORMATION

Please help Girl Guides make every effort to prepare best to care for the health and wellbeing of your Girl Guide.

Please attach Care/Management Plan/s as applicable

Do any of the following apply to the above-named member?

- | | |
|---|--|
| <input type="checkbox"/> Allergies/Intolerances | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Religious/Cultural Requirements |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Bedwetting | |
| <input type="checkbox"/> Other/Details > | |

Do Girl Guides need to be aware of any illness or physical disability of the member?

- NO YES (Please provide details below)

Do Girl Guides need to be aware of any behavioural condition, mental health illness or intellectual disability of the member?

- NO YES (Please provide details below)

For water-based activities, can the member swim unaided?

- NO YES (Distance) meters

3 DISCLAIMER

I agree to the above-named Girl Guide youth member, participating in all activities organised by Girl Guides; except the activity/activities listed below (leave blank if none):

during the above time frame on this form. I acknowledge that all activities are conducted within the requirements of *Guide Lines*: www.guidelinesforgirlguides.org.au.

I understand that I can discuss the content of *Guide Lines* with a Girl Guide Unit Leader.

I authorise the Guide Leader in Charge, to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion for the above-named Girl Guide youth member. Note: All reasonable attempts to contact you will be made. I consent to the release of health information on this form to any person who provides medical aid and care whilst participating in activities.

I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred.

I undertake that the above-named Girl Guide youth member will not attend any Girl Guide event if she has been in contact with any infectious diseases.

To the best of my knowledge all information is complete and correct.

I do NOT agree to the above-named Girl Guide youth member being included in ANY media (including social media).

I also agree that I am responsible for notifying Girl Guides regarding any changes in my daughter's health information that is pertinent to participation of activities organised by Girl Guides.

Full name of adult

Relationship to youth

Phone Number

Signature

Date D D / M M / Y Y