ACTIVITY CONSENT & HEALTH FORM ADM. 27 FOR YOUTH MEMBERS

GIRL GUIDES AUSTRALIA

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) with full details including medication required.*

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

- ☐ Allergies/Intolerances
- ☐ Anaphylaxis
- ☐ Anxiety/Depression
- ☐ Asthma
- ☐ Autism Spectrum Disorder
- ☐ Bedwetting
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fainting
- ☐ Hay Fever
- ☐ Nose Bleeds
- ☐ Religious/Cultural Requirements
- ☐ Sleep Walking
- ☐ 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? If yes, provide details.

☐ NO ☐ YES

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

☐ NO ☐ YES *(Distance)* _____ **metres**

3 DISCLAIMER

I agree to the above-named Girl Guide 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 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 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 member being included in ANY media (including social media).

☐ I also agree that I am responsible for notifying Girl Guides regarding any changes to the above-named member'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