



NOTIFICATION OF CAMP/ OUTDOOR ACTIVITY

Form: C4
Issue: 9
Date: 08/12

PARENT'S 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:

Camp/Hike 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.

SUGGESTED CAMP KIT: Each Scout will wear full uniform and bring the following kit neatly stowed in a pack: Groundsheet or mat, two blankets or sleeping bag, pyjamas, old shirt, shorts, hat or cap, extra socks, sandshoes/joggers, underclothing, mess bag containing eating utensils (plate, bowl, cup, knife, fork, spoon), tea towel, swimmers, towel, soap, comb, toothbrush and toothpaste, raincoat, warm clothes as required, sunscreen, insect repellent, personal first-aid kit, water bottle, torch.

NOTE: Camp Kit varies for Hikes, Overnight Canoe Activities etc. Consult your Patrol Leader/Adult Leader.

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LEADER'S 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:

.....

Details of any medication and dosage that will be carried:

.....

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

<input type="checkbox"/> Swimming	<input type="checkbox"/> Pioneering	<input type="checkbox"/> Archery
<input type="checkbox"/> Canoe/Kayak	<input type="checkbox"/> Bushwalking	<input type="checkbox"/> 4WD
<input type="checkbox"/> Abseiling	<input type="checkbox"/> Snorkelling	<input type="checkbox"/>
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Caving	<input type="checkbox"/>

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 or guardian: Date:

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