



The A1-Local is to be completed for Local Activities that **DO NOT** involve overnight, bush activities, air / alpine / rock related / water or other potentially hazardous activities (which must be completed on the A1 form)

PLEASE RETURN COMPLETED FORM TO THE ACTIVITY COORDINATOR

ACTIVITY PARTICIPATION AND MEDICAL FORM
PART I - PARTICIPANTS & PARENTS ADVICE
 (To be completed and returned for All Participants)

ACTIVITY VISIT HORNSBY POLICE STATION ACTIVITY NO: _____

GROUP/FORMATION NORMANHURST CUB SCOUTS

LOCATION HORNSBY (PACIFIC HIGHWAY)

LEAVING TIME (24hr) 6.30 PM DATE Mon. 25th May FROM Hornsby Police station

RETURNING TIME (24hr) 8.00 pm DATE _____ TO Hornsby Park

Name of Activity Coordinator _____ Phone _____

Cost _____ Payable to _____ Closing Date _____

Method of transport to and from activity Parents to drop off and pick up cubs. Full uniform, bring snack and drink

FOR FULL DETAILS OF THIS ACTIVITY PLEASE SEE PAGE 2

Participant Details

The following sections are to be completed by ALL Participants, or their Parent/Guardian if under 18 years

MEMBERSHIP NO

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Member: Joey Scout Cub Scout Scout Venturer Scout Rover Leader or Helper / Instructor / Non Member

GROUP/FORMATION: Normanhurst cub scouts

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____

TOWN/CITY: _____ POSTCODE: _____ STATE: NSW

TELEPHONE: _____ MOBILE: _____ EMAIL: _____

DATE OF BIRTH: _____ GENDER: Male Female RELIGION/FAITH: _____
(Optional)

ATTENDANCE:	<input type="checkbox"/> ALL	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Days Only
	<input type="checkbox"/> Friday Night	<input type="checkbox"/> Saturday Night	<input type="checkbox"/> Sunday Night	<input type="checkbox"/> Other	

In case of Emergency contact: _____ **Address:** _____

Town/ City: _____ **Postcode:** _____ **Telephone:** _____

If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Further details can be given on reverse side. Please attach any Medical Plans if they apply.

<p>Does the participant suffer from any physical disabilities?</p> <p><input type="checkbox"/> Yes Details: _____</p> <p>Does the participant have any known allergies, including drugs or food allergies? (i.e. Penicillin, Egg, Peanut Products, Bee Sting, Hay Fever, other Drug or Food allergies).</p> <p><input type="checkbox"/> Yes Details: _____</p> <p>Has the participant any special food requirements? (for Medical, Religious)</p> <p><input type="checkbox"/> Yes Details: _____</p> <p>Medicare Number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Date of last Tetanus Injection: _____ or <input type="checkbox"/> Unknown</p>											<p>Does the participant suffer from any of the following?</p> <p>Epilepsy: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe</p> <p>Diabetes: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe</p> <p>Asthma: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe</p> <p>Will the participant have any medication at the activity? (i.e. Penicillin, Insulin, or other Drugs administered by Injection, Tablet, Capsule, EpiPens or other).</p> <p><input type="checkbox"/> Yes Name of Drug: _____</p> <p>Dosage: _____ How often? _____</p> <p>Administered by <input type="checkbox"/> Self or <input type="checkbox"/> whom: _____</p>

Parent Consent (for Participants under 18 years)

Can the participant Swim 50 metres: Yes

I consent to my child's participation in the following which may be a part of this Activity:

Swimming Water/Boating Rock Related Activities Abseiling Flying Fox Flying

The following must be completed by ALL Participants, and their Parent/Guardian if under 18 years

Medical Authority I/we acknowledge that this activity will involve inherent and obvious risks. I/we authorise any officer, member, servant or agent of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness to obtain such urgent medical assistance or treatment for the above named participant, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

If you have any questions please contact _____ Phone _____

Participant: _____	_____
Parent/Guardian: _____	_____
<small>(If Participant under 18 years)</small>	
Signature	Print Name
	Date



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ACTIVITY NOTIFICATION FORM
PART II - PARTICIPANTS & PARENTS ADVICE
 (THIS PAGE IS TO BE KEPT BY PARTICIPANTS)

ACTIVITY VISIT HORNSBY POLICE STATION ACTIVITY NO: _____
 GROUP/FORMATION NORMANHURST CUB SCOUTS
 LOCATION HORNSBY (PACIFIC HIGHWAY)
 LEAVING TIME (24hr) 6.30 PM DATE Mon. 25th May FROM Hornsby Police station
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 Name of Activity Coordinator _____ Phone _____
 Cost _____ Payable to _____ Closing Date _____
 Method of transport to and from activity Parents to drop off and pick up cubs. Full uniform, bring snack and drink

The activity will will not be under direct adult supervision
 The activity will will not involve both male and female youth members
 Both male and female Leaders will will not be present

EMERGENCY CONTACT

If you feel that the participant is overdue in returning from the activity, you should contact the nominated EMERGENCY CONTACT:

Name _____ Home Phone _____ Mobile _____

DETAILS

A1-LOCAL