

ACTIVITY CONSENT AND HEALTH FORM FOR YOUTH MEMBERS ADM.27



GIRL GUIDES
AUSTRALIA

VALID UNTIL 31 DECEMBER 2023

1 YOUTH MEMBER'S DETAILS	
Given Name/s	
Surname	
Date of Birth	
Membership number	
Medicare number & IRN	
Medicare expiry date	

2 HEALTH & WELLBEING INFORMATION	
Please help Girl Guides to prepare and care for the health and wellbeing of your Girl Guide. Attach Care Management Plan(s) and/or relevant details (including medications if required).	
Do any of the following apply to the above-named member?	
<input type="checkbox"/> ADHD	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Allergies/Intolerances	<input type="checkbox"/> Fainting
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Asthma	<input type="checkbox"/> Religious/Cultural Requirements
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Behavioural Issues	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Other/Details >	<input type="text"/>
Do Girl Guides need to be aware of any illness or physical disability of the member?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES (Please provide details)
Do Girl Guides need to be aware of anything else regarding your Girl Guide's mental health and wellbeing? If yes, provide details and also attach a Care Management Plan(s) as appropriate.	
<input type="checkbox"/> NO	<input type="checkbox"/> YES (Please provide details)
For water-based activities, can the member swim unaided?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES (Distance) <input type="text"/> metres

3 DISCLAIMER	
I agree to the named Youth Member, participating in all activities organised by Girl Guides; except the activity/ activities listed below (leave blank if none):	
I acknowledge that all activities are conducted within the requirements of <i>Guide Lines</i> : www.guidelinesforgirlguides.org.au . I understand that I can discuss the content of <i>Guide Lines</i> with a Girl Guide Unit Leader.	
I authorise the Guide Leader in Charge, or her delegate, to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion for the 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 named 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 agree to the named Youth Member being included in ANY media (including social media). <input type="checkbox"/>	
I agree that I am responsible for notifying Girl Guides regarding any changes to the named Youth Member's health information that is relevant to her participation in activities organised by Girl Guides. <input type="checkbox"/>	
I confirm that the information provided on this form replaces all health and wellbeing information previously provided. <input type="checkbox"/>	
Full name of adult	
Relationship to Youth Member	
Phone Number	
Signature	Date

WHO NEEDS TO COMPLETE THIS FORM?

A Youth Member's parent or guardian must complete this Form each year and give it to their Unit Leader. The information on this Form provides the Unit Leader with the relevant information they need to support and accommodate the Youth Member during Girl Guiding activities.

WHEN DOES IT NEED TO BE COMPLETED?

Parents/guardians are requested to complete an ACTIVITY CONSENT AND HEALTH FORM FOR YOUTH MEMBERS at the start of each calendar year. This form would then be 'current' for the period 1 January through to 31 December and would cover all routine and predictable activities undertaken during the term. This may include camps and overnight stays.

If any box is ticked in the Health and Wellbeing section of the Form, it is the responsibility of the parent/guardian to provide any applicable additional information, any required medication, and include Care Management Plan(s) as applicable.

Should the Youth Member have a temporary condition or be on medication temporarily (e.g. broken limb, antibiotics), the parent/guardian is to provide the relevant written information to the Unit Leader or Leader in charge (LiC). Likewise, the Unit Leader/LiC is also to be notified when the Youth Member no longer requires the medication. In the case of ongoing conditions and treatment, e.g. epilepsy or asthma, the parent/guardian must note the validity period of the additional information. Any information supplied will only be valid until 31 December of that year.

Should an activity, including adventure-based activities and camps, be undertaken where the LiC is not the respective Unit Leader, an ACTIVITY CONSENT AND HEALTH FORM FOR YOUTH MEMBERS (and Care Management Plans if necessary) will need to be completed and handed to the LiC of the activity or camp.

DUTY OF CARE

Parents/guardians must ensure there is an Adult Member of Girl Guides on-site and that their daughter is 'checked in' with the Adult Member before leaving their daughter at any Girl Guide activity. Parents/guardians are also responsible for 'checking-out' their daughter with an Adult Member and picking up promptly at the end of any Girl Guide activity.

Girl Guides is not responsible for the care of Youth Members when an Adult Member of Girl Guides is not present.