



**2 - 8 January 2019**

Glenhaven Park, Ayliffe's Bridge Road, Stockport, South Australia 5410

**Privacy statement:** Personal data will be used for management purposes only and will not be passed on to 3rd parties without your authorisation unless required for the running of the Camp;  
i.e. by legal requirement of the campsite, activity provider

**Participant's Details (Please Print)**

Surname			
Given Name(s)			
Name to show on Name Tag		Date of Birth	
Home Address			
Postal Address (if different)			
Telephone No(s).	Home		
	Mobile		
e-mail			

**Emergency Contact Details :**

**Prime Contact :**

Surname			
Given Name(s)			
Relationship to Attendee			
Home Address			
Postal Address (if different)			
Telephone No(s).	Home		
	Mobile		
e-mail			

**Alternative Contact :**

Surname			
Given Name(s)			
Relationship to Attendee			
Home Address			
Postal Address (if different)			
Telephone No(s).	Home		
	Mobile		
e-mail			

**Medical Matters :**

- I agree to the provision of basic first aid treatment, if required.
- Is the Participant covered for hospital Treatment by a Private Health Fund ?
- Is the Participant covered for emergency Ambulance transport by an ambulance membership or a Private Health Fund ?

Yes	No

In the event that the participant requires medical treatment please supply the relevant details below.

Doctors Name		Phone No.	
--------------	--	-----------	--

Medicare Details			
Medicare No.		Position No.	
Expiry Date			

Private Health Fund Details	
Fund Name	
Membership No.	

**Medical Matters (continued) :**

Ambulance Cover		
Note that in some states, transportation by an ambulance is subject to charges if not covered by an ambulance subscription or Private Health Insurance policy.	Ambulance / Health Fund Name	
	Membership No.	

**Anti-Tetanus injections:** Year of original injection .....

Year of last booster.....

**Special Dietary Requirements (Required by 17 December 2018)**


**Photographic Acknowledgement**

I acknowledge that photographs taken may be used by Australian Lithuanian Scouts for the purposes of publicising scouting activities. I also acknowledge that photographs may be published on Social Media sites without the permission or knowledge of Scout Leaders of Australian Lithuanian Scouts.

**Field Trip(s) Acknowledgement**

I hereby give my permission to the Australian Lithuanian Scouts for myself (or my under age child if applicable) to be transported in a motorised vehicle and/or to participate in field trips.

**Acknowledgement** \_\_\_\_\_ (To be completed in respect of ALL attendees - **Please Print** )

I, \_\_\_\_\_,  
have read and understood the

<input type="checkbox"/>	Waiver and release of liability
<input type="checkbox"/>	Permissions for Medical Treatment and First Aid
<input type="checkbox"/>	Photography Acknowledgement
<input type="checkbox"/>	Field Trip(s) Acknowledgement

and hereby agree to their terms Signed \_\_\_\_\_

Relationship to attendee (if under 18 years) \_\_\_\_\_

**Proposed period of attendance :** \_\_\_\_\_ tick if **whole of camp:**

**OR:** Arrival date \_\_\_\_\_ time \_\_\_\_\_. Departure date \_\_\_\_\_ time \_\_\_\_\_

**Registration Completion**

Register by completing, scanning **AND** returning all pages by e-mail to:-

eugene.pocius@gmail.com  
Quoting Reference – "Rojono stovykla"

**CAMP APPLICATION FORM (continued) HEALTH and MEDICAL STATEMENT TO BE COMPLETED BY ALL ATTENDEES**

**Name of Attendee** \_\_\_\_\_ **(Please Print)**

**Section A:** (Limits of Participation)

Please provide details of any limitations, including injury or illness, or concerns, which may affect participation in any activity - please include any recent (within the last 12 months) stays in hospital (including overnight)


**Section B:** Does the attendee suffer from any of the following:

Condition	Yes	No	Seriousness			Medication		
			Severe	/	Mild	Yes	/	No
Asthma?			Severe	/	Mild	Yes	/	No
Diabetes?			Type 1	/	Type 2	Yes	/	No
Epilepsy?			Severe	/	Mild	Yes	/	No
Heart condition?			Severe	/	Mild	Yes	/	No
Fits?			Severe	/	Mild	Yes	/	No
Dizzy Spells or Blackouts?						Yes	/	No
Bed Wetting?						Yes	/	No
Sleep Walking?						Yes	/	No
Travel Sickness?						Yes	/	No
Migraine Headache?						Yes	/	No

Please indicate if the participant suffers from any other medical condition (other than Allergies)

Sleeping disorder(s)     Ear, nose & throat     Nosebleeds     Digestive Upset     Skin Condition

Other  
(Please explain)

**Section C:** Please describe any known **allergies** of the attendee (i.e. Penicillin, bee sting, hay fever, bites, egg, nuts or any other **food, drug or environment** related allergy):

List any allergies of any kind e.g. food, first aid dressings, insect stings, drugs, ointments, pollens etc. Please list any foods that the participant is unable to eat for medical reasons. Clearly explain symptoms and the type of reaction. Please ensure that the severity of the reaction is clearly indicated, as well as the treatment required.

Allergy / Food	Specific type of Reaction	Severity (mild) - (severe) 1 - 5	Treatment

**CAMP APPLICATION FORM HEALTH and MEDICAL STATEMENT (continued)**

**Section D:** Please detail any Medications the attendee is required to take during the camp - **name ALL drug(s) required and the precise dosage for each** (i.e. Penicillin - 1 tablet twice a day with meals):

Who is to administer? \_\_\_\_\_ Reason/Cause (optional but advised): \_\_\_\_\_

***In the case of a minor, please hand the medication — CLEARLY LABELLED with the minor's name & dosage instructions — to the Leader in charge of the attendee!***

**Section E:** If the attendee suffers from ANY chronic or recurrent ailment, allergy or physical incapacity it should be disclosed so that we are aware of the fact and the attendee is not put at risk. Is there **any further information** you may consider necessary about which we should be aware? **Please describe:**


**Section F:** In the event of the attendee requiring the administration of an analgesic (pain killer), **DO YOU CONSENT** to the attendee being given the recommended dosage for their age of Paracetamol / Ibuprofen / Aspirin (strike out those unacceptable)?

**If YES, please sign here:** \_\_\_\_\_

Guardians Signature (if attendee is under 18) .....

Relationship to attendee (if under 18 years) .....

**Section G: Permission for Emergency Medical Treatment**

In the event that professional medical care is required, I understand that every effort will be made to contact my emergency contact. I acknowledge that in the case of an emergency, medical treatment and, if necessary, ambulance transportation may be sought by the Scout Leaders and/or provided by health care practitioners without my consent. I hereby authorise the Scout Leaders to secure such medical advice and services as may be required. I agree to accept financial responsibility for such treatment, and any ambulance transportation. In the event of an allergic reaction or asthma attack, I authorise the Scout Leaders to administer treatment indicated in the Allergies/Asthma section of this form

**If YES, please sign here:** \_\_\_\_\_

Guardians Signature (if attendee is under 18) .....

Relationship to attendee (if under 18 years) .....

**Section H: Inherent Risk - Waiver of Liability**

Activities undertaken during camps and events organised by the Australian Lithuanian Scouts, its members and leaders, involve physical demands and inherent risks, which are beyond the control of the members and leaders. In spite of precautions and supervision of scouting activities by leaders, members or volunteers incidents and accidents may occur and cause injury.

Australian Lithuanian Scouts and its leaders do not assume any responsibility for such incidents and accidents whether causing injury or not and all participants and their parents or legal guardians assume and accept the risks and dangers involved

**If YES, please sign here:** \_\_\_\_\_

Guardians Signature (if attendee is under 18) .....