

Parents / Caregivers Consent

Form 802a
April 1998

Name of the Scout Group

Section involved

Dear Parent or Caregiver, we need your approval for young people to attend this activity. If you approve, please sign and return the lower half of this form.

Activity

Description

Planned
No#
attending

Location of the activity

Departure time and date/...../..... Return time and date/...../.....

Leaving from and returning to: Cost of the activity: \$

Transport will be by: Walking / Cycling / Bus / Car / Rail / Ferry / Canoe or boat / Aircraft / Other

Parents are welcome to visit on/...../..... between the hours of and

I accept responsibility for and will be leading this activity

Print name

Activity Leaders Signature

Activity Leaders age if under 18yrs

My address is

Home phone Work phone Cell phone

The correct person during the activity will be: Phone:

To the Leader in Charge of the activity.

I give approval for to attend the activity from the/...../.....
(Name of young person)

to/...../..... under the leadership of I agree that
(Name of Leader)

responsibility for safety is a three way partnership between the participants, parents or caregivers, and those in charge. The young person named will be amenable to the instructions given by the Activity Leader(s).

During the activity I can be contacted by phone or phone: if needed.

Please be aware that: Medication must be continued during the activity Yes No

Special assistance may be required because of a disability Yes No

There are special food or other requirements Yes No

Please list special requirements (if any),

Our family Doctor is:..... Phone:

Parent's or Caregiver's Signature

Date: / /

The Scout Association of New Zealand
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Wellington 6034
New Zealand

Phone 04 - 471-0720 Fax 04 - 471 0727
e-mail info@scoutingnz.org.nz
Website: http://www.scouts.org.nz

Another Project in the Way Ahead.

Activity Gear List

Form 802a
NOV 2000

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Name	Tick the "Need" column for items needed for this activity. Tick the packed column when it is put in the pack
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Need	Packed		Need	Packed
Pack or kit bag Ground sheet Tent, poles and pegs Sleeping bag or bed roll Air bed or camp stretcher Torch and batteries Gas light / gas cooker Billies and pans Hand axe Matches or lighter Waterproof parka or raincoat Boots / gumboots / sneakers Full uniform Swim suit Spare shirts Spare underwear Spare shorts or trousers Spare socks			Personal first aid kit Medication if any Camera Towel and face cloth Tea towel Toilet bag - toothbrush - toothpaste - soap - comb Warm jersey Handkerchiefs Sun hat Knife, Fork, Spoon Cup, Plate, Bowl Scroggin - energy food Breakfast / lunch / dinner <i>Additional items for the activity should be listed on a separate sheet</i>	

To the Leader in Charge of the	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(The Leader should print her/his name above)	

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