

## SCOUTS AUSTRALIA – VICTORIAN BRANCH

# PERSONAL INFORMATION RECORD

Please fill in the details with dark coloured ink

Registration Number:	

NAME: Summer: Grower Protected Name:    PORTRONAL: Date of Birch:	Event:		Date/s of E	vent:					
Note   Postcode   Telephone No	NAME: Surname:		Given/ Preferred Na	me:					
PERSONAL:   Date of Bintle   Age at Activity:   Gender:   Mark   Femile	HOME ADDRESS.								
Mentherankip No: Medicare No: Private Helahl Insurance:  SECTION  EMERGENCY USE: Details of the Penenso/Guardians where they can be contacted during the activity.  Relationship:  Subart: Mother's Modele: Business:  Subart: When a emergency, if we cannot contact you, whom else can we contact? Name & Relationship: Planes's Modele: Business:  HEALTH STATEMENT  If the participant suffer from any physical or their disabilities; Planes's Modele: If yes, pleane specify: If yes,	Suburb:		Postcode:	Telep	phone No:	<u></u>			
DETAILS:   Private Health Insurance:   Private Health In	PERSONAL: Date of Birth:					Female			
DETAILS:   Private Health Insurance:   Private Health In	Membership No:			Ancillary Bene	efits Cover: Yes	/ No			
Private Health Insurance:	Madiagra No.			Ambulance In	ıs Number:				
SECTION   CROUP   DISTRICT   REGION	D' 4 H. H. L.								
EMERGENCY USE: Details of the Parents/Guardians where they can be contacted during the activity.  NAME: Relationship: Relationship: Hom:	·····								
NAME: Relationship: Home:    Postcrode:   Father's Mobile:   Business:	SECTION	GROUP		DISTRIC	ET .	REGION			
ADDRESS:  Suburb:   Mother's Mobile:   Home:	EMERGENCY USE: Details of the Parents/Guardians where they can be contacted during the activity.								
Mother's Mobile   Home:	NAME: Relationship:								
Posterior   Post	ADDRESS:								
Name of Drug:   Name of Drug	Suburb:		Mother's Mobile:		Home:				
HEALTH STATEMENT  If the participant suffers from any chronic or recurrent allment, altery or physical incapacity, it should be disclosed so that we are aware of the fact.  A Does the participant suffer from any physical or other disabilities?  Yes / No  Book the participant suffer from Asthmar?  Severe / Mild Yes / No Diabetee? Type 1/Type 2 Yes / No Diabetee? Type 1/Type 2 Yes / No Bod Wetting? Yes / No Migrable Headache? Yes / No Mig	Postcode:		Father's Mobile:		Business:				
A Does the participant suffer from any physical or other disabilities?    Yes   V   No	In an emergency, if we cannot contact you, whom el	se can we contact?	Name & Relationship:	***************************************	Phone:				
A Does the participant suffer from any physical or other disabilities?    Yes   V   No									
physical or other disabilities?    Yes	If the participant suffers from any chro		_		losed so that we are awar	e of the fact.			
B Does the participant suffer from Asthma? Severe / Mild Yes / No Disbates? Type I / Type 2 Epilepsy? Severe / Mild Yes / No Epilepsy? Severe / Mild Yes / No Bed Wetting? Yes / No Bed Wetting? Yes / No Bed Wetting? Yes / No Travel Sickness Yes /			If yes, please specify:						
Asthmar* Severe / Mild   Pise   7 No     Pise   7 No   Pise   7	physical or other disabilities?	Yes / No							
Asthmar* Severe / Mild   Pise   7 No     Pise   7 No   Pise   7									
Selection   Severe   Mild   Yes   No   No	* *	Yes / No	Explanation/Medicati	ion:					
Dizzy Spells or Blackouts? Yes / No Bed Wetting? Yes / No Travel Sickness Yes / No Travel Sickness Yes / No Migrain Headache? Yes / No Wignain Headache? Yes / No Migrain Headache? Yes	**								
Sleep Walking?	Dizzy Spells or Blackouts?	Yes / No							
Migraine Headache?	_								
C Does the participant have any known allergies? ie Penicillin, bee sting, bites, egg, hay fever, other food, drug or other environment related allergy.  D Does the participant have any Medications on this activity? ie Injection/tablet/capsule Penicillin, insulin, Ventolin, other drugs  In the case of a Youth Member, please hand the medication – CLEARLY labelled with the child's name & dosage instructions – to the Leader in Charge of the Youth Member  E Is there any further information you may consider necessary, about which we have not asked above and of which we should be aware (including special dietary requirements?)  Yes / No If yes, please specify:  F Analgesics: In the event of your child requiring the administration of an analgesic (eg Panadol), given the recommended child dosage of Paracetamol or Panadol?  Yes / No If YES, please sign here:  G Details of last Anti-Tetanus injections: Year of Original Injection  I hereby Authorise the Leader in Charge of the above activity, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby Consent to such treatment. I have read & understand the Privacy Notice overleaf.  Date: Signet: (Parent/Guardian)									
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Date: Signed: (Parent/Guardian)	me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be								
Form to be filled out by participant if over 18 years old, or by Parent/Guardian, taken to the event or handed to the Leader in Charge before you leave									

#### SCOUTS AUSTRALIA - VICTORIAN BRANCH

### PERSONAL INFORMATION RECORD & HEALTH STATEMENT

## **PRIVACY NOTICE**

Upon joining Scouts Australia, Victorian Branch ("the Branch"), you agreed to us collecting personal and sensitive data for the purposes disclosed in our Privacy Policy. In the case of a youth member, you acknowledged a similar understanding and agreement in your capacity as the Parent or Guardian of that member. The Branch will not use your personal and sensitive information for any reason that you would not reasonably expect it to be used.

You have certain legislated rights of access to the personal and sensitive information being held in respect of you or your child and you may exercise those rights of access by contacting the Branch Privacy Officer on (03) 8543.9800. You can also contact us by email at: <a href="mailto:privacy.officer@vicscouts.asn.au">privacy.officer@vicscouts.asn.au</a>

The Branch Privacy Policy may be viewed on our website at www.vicscouts.asn.au

#### Notes:

- 1. In the case of a child, it is a Parent's responsibility to ensure that the Association is immediately notified **in writing** of any potential long-term affects of an injury or illness resulting from a scouting activity in which the child participated.
- 2. In the case of an Adult, it is his or her responsibility to ensure that the Association is immediately notified **in writing** of any potential long-term affects of an injury or illness resulting from a scouting activity in which he or she participated.