



PERSONAL INFORMATION RECORD

Please fill in the details with dark coloured ink

Registration Number: \_\_\_\_\_

Event: \_\_\_\_\_ Date/s of Event: \_\_\_\_\_

NAME: Surname: \_\_\_\_\_ Given/ Preferred Name: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

PERSONAL: Date of Birth: \_\_\_\_\_ Age at Activity: \_\_\_\_\_ Gender: Male  Female

Medicare No: \_\_\_\_\_ Ancillary Benefits Cover: Yes / No

Family sequence No: \_\_\_\_\_ Medicare Card expiry date: \_\_\_\_\_ / \_\_\_\_\_ Ambulance Ins Number: \_\_\_\_\_

Private Health Insurer: \_\_\_\_\_ Priv Health Ins Number: \_\_\_\_\_

GROUP DETAILS: SECTION \_\_\_\_\_ GROUP \_\_\_\_\_ DISTRICT \_\_\_\_\_ REGION \_\_\_\_\_

EMERGENCY USE: Details of the Parents/Guardians where they can be contacted during the activity.

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Suburb: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Postcode: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

In an emergency, if we cannot contact you, whom else can we contact? Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH STATEMENT

If the participant suffers from any chronic or recurrent ailment, allergy 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 or ailments? Yes / No If yes, please specify: \_\_\_\_\_

B Does the participant suffer from Asthma? Severe / Mild Diabetes? Type 1 / Type 2 Epilepsy? Severe / Mild Dizzy Spells or Blackouts? Bed Wetting? Sleep Walking? Travel Sickness Migraine Headache? Yes / No Explanation/Medication: \_\_\_\_\_

C Does the participant have any known Allergies? ie Penicillin, bee sting, bites, egg, hay fever, other food, drug or other environmentally related allergy. Yes / No If yes, please specify: \_\_\_\_\_

D Does the participant have any Medications on this activity? ie Injection/tablet/capsule Penicillin, Insulin, Ventolin, EpiPen®, other drugs Yes / No Name of Drug: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason or Cause: \_\_\_\_\_ How Often Administered: \_\_\_\_\_ Administered by Whom: \_\_\_\_\_

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 consider to be important and 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), do you HEREBY CONSENT to your child being 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 \_\_\_\_\_ Year of last booster 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: \_\_\_\_\_ Signed: \_\_\_\_\_ (Parent/Guardian)

This form is 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.

## 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: [privacy.officer@vicscouts.asn.au](mailto:privacy.officer@vicscouts.asn.au)

The Branch Privacy Policy may be viewed on our website at [www.vicscouts.asn.au](http://www.vicscouts.asn.au)

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#### **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.*