Спілка Української Молоді
Осередок ім. Гет. Івана Мазепи – Мельборн
Ukrainian Youth Association – Melbourne Inc.

Excursion
Permission and Medical Consent Form

СУМ Табір – Оселя Карпати
26/12/2005 – 04/01/2006

Ця інформація зібрана для плянування та організування програмів підчас сумівських імпрезах. В разі потреби, Ваші деталі будуть передані до тих осіб котрі провадять даної імпрези або табір. Ця інформація буде забезпечена, але Ви можете мати доступ до неї, коли Вам потрібно.

This information is collected for the purpose of planning and organising activities for all participants in UYA activities. It will be disclosed as appropriate to those conducting activities. We ask your assistance in updating this information as necessary. This information will be kept securely and may be accessed upon request.

Where I an unable to be contacted or it is otherwise impracticable for me to be contacted, I authorize the leaders in charge of any excursion or activity to:

Consent to the following children:

Ім'я та Прізвище / Full Name	Дата Нар./ DOB	Вік / Age

- *to receive such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident;*

- *to such first aid as the leaders in charge of the excursion or activity may consider to be reasonably necessary in the event of any illness or accident.*

- *I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.*

- *I also accept that my child may be returned early from the excursion or activity in the event of serious misbehaviour and that any cost associated with this will be met by me.*

- *I give consent for my child to travel by private car or bus for the purpose of attending camp activities outside the camp grounds.*

Signed: Підписи:

Батько / леґальний опікун   Дата
Parent / Legal Guardian: Date

_____ : _____