

Instruction for Parents/Applicants for Completing the E-Permission

Initial Steps:

The leaders will provide what was Page 2 of the old E1 which will have information about the event, costs and transport arrangements. Parents/applicants will need to provide the participant's correct name, Membership Number and correct email address for the parent if applicant is under 18 years old or applicants email address.

Entering Information into the E-Permission:

Once the leaders enter this information into the Scout Event system, an automatic email will be sent to the provided email address so this must be correct. In this email will be a link to go to and log in with the unique code provided. They will be presented with this sample screen.

This screen has four tabs across the top which will have orange dots till they are filled in. Once filled in correctly they will change to green ticks. The final step, "Consent" cannot be completed till all the other tabs have green ticks. Fields with "*" are required and must have the correct information in them. Any tabs with a red triangle mean required information is missing. The green buttons at the bottom will save only or save and open the next tab.

Note the format for date of birth must be in the form of YYYY-MM-DD.

Here is an example of a form with correct information (green ticks), one with missing information (red triangle) and the other tabs still needing to be filled in.

If the applicant is 18 years old or older, the Activity Permissions will not be required and may be greyed out or the page/tab missing altogether.

This information as well as all other information, particularly medical, can be updated up to 48 hours before the event at which time the form will be locked. Any changes needed must be notified directly with the Region Office or event co-ordinator.

This is the Consent page/tab which cannot be completed yet due to missing information in the other page.

Once all the information has been correctly entered in and saved, the Consent page will show the first and surname fields as well as the "Sign" button. Fill in your name (parents name for youth) then click the Sign button.

SCOUT EVENT E-PERMISSION FORM
GWS REGION

Robin Garrett
Adult Recognition Awards Presentation Dinner 2015

Personal Details ✓ Emergency Contact ✓ Medical & Dietary ✓ Activity Permissions ✓ **Consent**

Medical Authority

We acknowledge that this activity will involve inherent and obvious risks. I/We authorise any officer, member, servant or agent of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness to obtain such urgent medical assistance or treatment for the above named participant, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

Consent
To be completed by ALL participants or parent/guardian if under 18 years

- I confirm that the information submitted into this online form has, to the best of my knowledge, been entered correctly.
- I understand that I can modify the information submitted into this online form up to 48 hours before the start of the event, after which time, the event e-permission system will be locked.
- I understand that it is my responsibility to inform the event organisers of any changes to this information after the event e-permission system has been locked.

By putting your name in the box below and saving this form you have **read, understood and agree** to the above medical authority and consent.

Electronic Signature

First Name * Surname *

Sign

Once this is done the Consent page will have a green tick and the name will appear like a signature with the date and time that it was "signed".

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Electronic Signature

Robin Garrett
Wed 30th Mar 2016 (8:37am)

Unlock Form

You should then receive another email which will include the E-Permission form that you will need to sign. Check to make sure everything is correct then sign the form and give to the leaders along with correct money, before the due date, and they will forward this on to the Region Office.

Here is an example of what the E-Permission form requiring signature might look like. Note the spot at the bottom where the parent/applicant would sign.

SCOUT EVENT E-PERMISSION FORM
GWS REGION

027-006-0008
Robin Garrett
Region Commissioner - 117223
Greater Western Sydney Region

REGISTRATION CONTACT:
Robin Garrett
Greater Western Sydney Region
0405-103-331
scouts@greaterwestscouts.com.au

EVENT:
Adult Recognition Awards Presentation Dinner 2015
Wentworthville Leagues Club
50 Smith Street, Wentworthville
Sat 22nd Oct 2016 (6:30pm to 10:00pm)

PERSONAL DETAILS

Name	Robin Garrett
Address	5 Raven Place South Windsor NSW 2756
Home Phone	4577-2662
Mobile Phone	0405-103-331
Date of Birth	1960-03-02
Contact Email	

EMERGENCY CONTACT

Name	mary garrett
Relationship to Participant	spouse
Phone Number (Primary)	4577-2662
Phone Number (Secondary)	0405 103 331
Address	same

PARENT CONSENT
To be completed by parent/guardian for participants under 18 years

Do you give consent for Robin Garrett to participate in the following activities which will be offered at this event.

Swimming	NO
Can the participant swim 50 metres?	NO
Water / Boating	NO
Rick Related	YES
Abseiling	YES
Flying Fox	YES
Flying	NO

SIGNATURE

Participant Signature (or Parent/Guardian if under 18 years)

Name Robin Garrett
Date 2016-03-30 08:37:56

If you have any questions, please contact Robin Garrett (0405-103-331)

MEDICAL & DIETARY

If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Please ensure a responsible leader has any Medical Plans if they apply.

Medicare Number	1234 12345 1
Date of last Tetanus Injection	Unknown
Does the participant have any physical disabilities?	Mental as anything
Does the participant have any known allergies, including drugs or food allergies?	NO
Has the participant any special food requirements?	NO
Will the participant have any medication at the activity?	Ventolin puffer as required

Does the participant suffer from any of the following:

Epilepsy	NO
Diabetes	NO
Asthma	MILD

MEDICAL AUTHORITY
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