

**Headquarters**

Level 7, 60 Waymouth Street  
ADELAIDE SA 5000  
GPO Box 2468  
ADELAIDE SA 5001



Telephone: (08) 8463 4200  
Facsimile: (08) 8463 4234  
Email: cfshq@cfs.org.au

## COUNTRY FIRE SERVICE

### South Australia

Department of Justice

**Parent/Guardian Permission for Special Activity**

(Please complete and return as soon as possible to the Cadet Co-ordinator)

**Personal Details**

Cadet Name		Date of Birth	
Address		Post Code	
Home Contact No.		Other Contact No.	

**Parent/Guardian Consent to participate in activities**

The following activities will be conducted. To allow your child to participate you will need to indicate your approval by ticking 'Yes'.  
If there is no indication and the form is signed below, then it is assumed your child will be permitted to participate in the activity.

Type of Activity	Consent
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Medical Authority and Agreement**

I hereby authorise the officer in charge of this activity to obtain any emergency medical or dental attention or ambulance assistance (including the administration of any anaesthetic or drug) by a registered medical/dental practitioner and which is considered necessary or expedient.

All medical information that I have supplied on the Cadet Application form and the Cadet Indemnity/Medical form is still current and correct. I will advise the Officer in Charge of any alterations in writing. My Medicare number and private health insurance information has not altered.

My contact telephone number during this activity will be \_\_\_\_\_

- ☐ I acknowledge this is an official Country Fire Service activity and therefore CFS insurance generally covers any injury/damage for work related injuries, but not necessarily for personal medical conditions (e.g. appendicitis).

**Transport Arrangements**

In the event of my son/daughter being unable to accompany the rest of the group home due to ill health or an accident I will make the necessary arrangements in liaison with the Officer-in-charge for his/her return.

I consent to alternative transport arrangements including emergency transport, the costs for which I may be liable (in cases of personal medical condition), being made on my behalf for my son/daughter by the Officer-in-charge if I am unable to attend the activity and where it is impracticable to communicate with me.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CFS Mission**

*Protecting our communities from fire and other emergencies by reducing risks they face, combating incidents that threaten them, and encouraging our Volunteers who are the core of the Service.*

THE COUNTRY FIRE SERVICE IS FUNDED BY THE EMERGENCY SERVICES LEVY

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