

# Medical Update Form



This form is to be completed for every member of Cuboree 2008.

For those travelling by Cuboree Transport to Cuboree 2008, this form must be handed to your Bus captain as you board.

Independent Travellers must hand this form to Administration upon arrival at Cuboree2008:

Full Name: .....

Cuboree ID Number: ..... Cuboree Pack Number/Leader Role: .....

Home Cub Scout Pack: .....

Home Cub Scout District: .....

Home Cub Scout Region: .....

Circle one only:

1. The changes to medical details since information was submitted to the Cuboree2008 are listed below.
- OR**
2. There are no changes to the medical details since information was submitted to the Victorian Cuboree 2008.

Signature of Parent/ Guardian (if applicant is under 18): .....

Signature of Applicant (if over 18): .....

Date: .....

\_\_\_\_\_

Changes:

.....

.....

.....

.....

.....

.....

.....

.....