



# Information and consent: one day activity

COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED\* ITEMS AS APPROPRIATE.

THIS PART TO BE KEPT BY PARENT/GUARDIAN

Please return the lower section of this form, completed and signed, to the Guider by 7th July (date).

Name of \* Pack 3rd Keyworth Brownies

Proposed activity Reigional Saussage sizzle at Holygate Scout site. South Wolds girlguiding are getting together as a group for a sing song and a BBQ.

On THURSDAY 7th July (date)

At Holygate Scout Campsite (place)

Start time 7:00 \* pm

Finish time 8:30 \* pm

Cost Taken from subs.

Cheques payable to -

Transport required? \* Yes

Additional information Please let me know of any food allergies or vegetarians.

Signed [Signature]

Guider Leanne Hughes Date 22nd June 2011

## PARENT OR GUARDIAN'S CONSENT

This section should be returned to the Guider on or before (date).

I have noted the arrangements and I give permission for my \*daughter/ward (name) to take part in (proposed activity).

Please state if your \*daughter/ward has a disability or condition that might be affected by this activity.

Please indicate if she has any faith or cultural needs e.g. dress, diet, toilet arrangements.

Please indicate details of any medical treatment she is having at the moment.

+ Complete if applicable:

+ I can provide transport for girls \*YES/NO

+ I enclose fee of

I am happy for photographs of my daughter/ward to be used in Guide Association publicity or publications.

In an emergency you should contact the following person:

Surname

First names

Relationship

Address

Postcode

☎ daytime ☎ evening

I give permission for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed

\*Parent/guardian Date



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