
Information and Consent for Event/Activity

Part I - to be completed by the Leader. The parent* should retain a copy of all the information in Part 1.

Please return this form to _____ (name)

By _____ (date)

Name of event _____

Proposed activity(ies) _____

Location _____

Start date and time _____

Finish date and time _____

Cost _____ Travel/transport information _____

Additional information

Continues on next page >

Part II - to be completed by the parent of participants aged under 18

This form can be returned electronically.

Participant's full name _____

Participant's registration number _____

Information for the event team

If your daughter has any health, faith, cultural or dietary needs (including allergies) that are relevant to this event, please provide details. (If the event involves an overnight stay you will also be given a health form asking for more detailed information.)

NOTE: Please label any medication with your daughter's name and provide clear instructions for its use. If applicable, ensure that a spare, clearly labelled inhaler is brought to the event.

Emergency contact

Please give details of a person who will be contactable at all times during the event/activity.

Name _____

Telephone 1 _____

Telephone 2 _____

How do they know the participant? _____

Consent

I give permission for my daughter (*named above*) to take part in _____
(*event/activity*) and for the medication noted above to be administered (if applicable).

Please tick this box to give permission for photographs/video/film of your daughter taken at this event/activity to be used in local or national Girlguiding UK publicity, publications and websites.

Parent's name _____ Date _____

* Where the terms 'parent' and 'daughter' are used, they refer to any adult with parental responsibility, and their ward.