Information and Consent for Event/Activity



Name of event	
Part I - to be completed by the Leader. The parent* should retain a copy of all the information	in Part I.
Please return this form to	(name)
By(date)	
Proposed activity(ies)	
Location	
Start date and time	
Finish date and time	
Cost Travel/transport information	
This is a large-scale event (100 participants or more)	
Additional information	

Continues on next page ▶

Participant's full name	
Participant's membership number	Age at start of event
Unit name	
	etary needs (including allergies, medication to be ease provide details including any additional information he overnight stay you will also be given a Health Information
f the event includes water activities, can the partic	cipant swim 50 metres? Yes No
	ter's name and provide clear instructions for its use. If aler or EpiPen is brought to the event to be held by the first
Emergency contact	
Please give details of a person who will be contactal	ble at all times during the event/activity.
Name	
Telephone 1	Telephone 2
Address	
How do they know the participant?	
Consent	
give permission for my daughter (named overleaf)	•
(event/activity) and for the medication noted here	to be administered (if applicable).
The photographic and video permissions you have Guides/The Senior Section form will apply at this	given in your daughter's Starting Rainbows/Brownies/ event/activity.
apply. At these events it is understood that photo	s (as identified in Part 1) where these permissions do not graphs and videos of your daughter may be taken and used al media). If you do not wish for this to happen please talk orm the event organisers.
Parent's name	Date
Where the terms 'parent' and 'daughter' are used, they refer to	