## 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	l <b>.</b>
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
Jnit name		
f your daughter has any health, faith, or administered etc) that are relevant to t leaders may need to know. (If the even form asking for more detailed informati	this event, please provide details in It involves an overnight stay you wi	cluding any additional information he
f the event includes water activities, c	an the participant swim 50 metres?	Yes No
NOTE: Please label any medication with applicable, ensure that a spare, clearly aider.		
Emergency contact		
Please give details of a person who will	be contactable at all times during	the event/activity.
Name		
Telephone 1	Telephone 2	
Address		
low do they know the participant?		
Consent		
give permission for my daughter (name	ed overleaf) to take part in	
<i>(event/activity)</i> and for the medication	noted here to be administered (if	applicable).
The photographic and video permission Guides/The Senior Section form will a		r's Starting Rainbows/Brownies/
The only exception to this is at large- apply. At these events it is understoo immediately for event publicity purp- to your daughter's Leader, who will b	d that photographs and videos of yooses (eg social media). If you do no	our daughter may be taken and used it wish for this to happen please talk
Parent's name	Date	