



GO Information & Consent - One Day Activity Form

Event Name: _____

Date: _____

This part to be kept by parent / carer

Please return the lower section of the form, completed and signed to the Leader by : _____

Proposed Activity _____

Date _____

Time _____

Place _____

Leaders contact details (during the event) : _____ (name & mobile)

Unit _____

Unit Contact during event _____

Parent / Carer's Consent

I am happy for photographs of my daughter / ward to be used in local or national Guiding publicity , publications or websites

This section should be returned to the leader by _____ (date)

Please tick box

I have noted the arrangements and I give my permission for daughter / ward (name)

I am happy for video footage of my daughter / ward to be used in local or national Guiding publicity , publications or websites

Please tick box

_____ to take part in _____

In an emergency you should contact :

Surname _____

First names _____

Relationship _____

Address _____

Postcode _____

Daytime phone _____

Evening Phone _____

Mobile phone _____

Please state if your daughter / ward has a disability or condition that may be affected by this activity

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

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

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

Signed _____

Parent / Carer

Date _____