

THIS PART TO BE KEPT BY PARENT/CARER

Please return the lower section of this form, completed and signed, to the Leader by _____ (date).

Name of _____

Proposed activity _____

Cost _____

Cheques payable to _____

Transport required? _____

Additional information _____

On _____ (date)

At _____ (place)

Start time _____

Finish time _____

Signed _____

Leader _____ Date _____

PARENT'S/CARER'S CONSENT

This section should be returned to the Leader 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 eg 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 local or national guiding publicity, publications or websites.

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

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/carer _____ Date _____



Girlguiding UK
girls in the lead

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Published by Girlguiding UK, 17–19 Buckingham Palace Road, London SW1W 0PT

Girlguiding UK is an operating name of The Guide Association. Registered charity number 306016. Incorporated by Royal Charter.

Email: chq@girlguiding.org.uk Website: www.girlguiding.org.uk.

Trading Service ordering code: 6765