

Information and Consent for Event/Activity



WE DISCOVER, WE GROW

Girlguiding

Name of event Woburn District Ice Skating Trip

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 Unit Leader (name)

By 1st December 2016 (date)

Proposed activity(ies) District ice skating trip to Frosts Garden Center

Location Frosts Garden Center, Newport Road, Woburn Sands, MK17 8UE

Start date and time 8th December 2016. 7pm Please arrive at 6.45pm to allow time to get your boots.

Finish date and time 8th December 2016. 8pm

Cost £5.00 Travel/transport information Own transport

This is a large-scale event (100 participants or more)

Additional information

This is a uniformed event but please wear a warm coat and gloves.
Drop off and pick up will be at the ice rink.

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 membership number _____ Age at start of event _____

Unit name _____

If your daughter has any health, faith, cultural or dietary needs (including allergies, medication to be administered etc) that are relevant to this event, please provide details including any additional information her Leaders may need to know. (If the event involves an overnight stay you will also be given a Health Information form asking for more detailed information.)

If the event includes water activities, can the participant swim 50 metres? Yes No

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 or EpiPen is brought to the event to be held by the first 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 _____

How do they know the participant? _____

Consent

I give permission for my daughter (*named overleaf*) to take part in Woburn District Ice Skating Trip
(*event/activity*) and for the medication noted here to be administered (if applicable).

The photographic and video permissions you have given in your daughter's Starting Rainbows/Brownies/Guides/The Senior Section form will apply at this event/activity.

The only exception to this is at large-scale events (as identified in Part 1) where these permissions do not apply. At these events it is understood that photographs and videos of your daughter may be taken and used immediately for event publicity purposes (eg social media). If you do not wish for this to happen please talk to your daughter's Leader, who will be able to inform the event organisers.

Parent's name _____ Date _____

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