

# 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 \_\_\_\_\_ Start time \_\_\_\_\_

Finish date \_\_\_\_\_ Finish time \_\_\_\_\_

Cost \_\_\_\_\_ Travel/transport information \_\_\_\_\_

Additional information

*Continues on next page* ►

**Part II - to be completed by the parent of participants aged under 18.**

This form can be returned electronically.

**Participant details**

Surname \_\_\_\_\_ Membership number \_\_\_\_\_

First name \_\_\_\_\_ 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? \_\_\_\_\_

**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****At least one emergency contact must be the parent.**

Please give details of a person who will be contactable at all times during the event/activity.

Name \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

How do they know the participant? \_\_\_\_\_

Please give details of a person who will be contactable at all times during the event/activity.

Name \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

How do they know the participant? \_\_\_\_\_

**Consent**

I give permission for my daughter (*named above*) to take part in(*event/activity*) and for the medication noted here to be administered (if applicable).

Parent's name \_\_\_\_\_ Date \_\_\_\_\_

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

**What will you do with my data?**

It's simple. We need the information you share with us to run our exciting activities and to satisfy our legal responsibilities. We'll keep it safe for as long as your daughter is an active member.

We promise we'll only share your information if:

- you ask us to
- the law requires us
- in order to comply with our policies so your daughter can enjoy an activity safely
- we carry out market research
- it's in the public interest

Don't worry - we'll never sell your data or share it for any other reason.

Girlguiding is the registered data controller\* for all our members' personal information, both in the UK and around the world.

Want to find out more about how we use your information - and your rights? Visit

[www.girlguiding.org.uk/privacy-policy/](http://www.girlguiding.org.uk/privacy-policy/)

\* The organisation that manages and looks after your data