

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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