



Information and consent holiday/camp

PLEASE RETURN THE LOWER SECTION OF THIS FORM, COMPLETED AND SIGNED, TO THE GUIDER-IN-CHARGE BY _____ (DATE)

COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED *ITEMS AS APPROPRIATE

THIS PART TO BE KEPT BY PARENT/GUARDIAN *

The _____ (name of *unit/event)
*holiday/camp for *Brownies/Guides/Rangers/Young Leaders will take place at (address)

Postcode _____ Country _____

If UK: OS sheet no. _____ Six figure grid reference no. _____

From _____ (date) to _____ (date)

The fee will be _____ *inclusive/exclusive of travel

A deposit of _____ should be paid by _____ (date)

which will not be returnable after _____ (date)

Balance to be paid by _____ (date)

Cheques to be made payable to _____

PARENT'S OR GUARDIAN'S * CONSENT

This section should be returned with the deposit to the Guider on or before _____ (date)

I note that the deposit will not be returnable after _____ (date)

I am willing that _____ (name)

*Brownie/Guide/Ranger/Young Leader should attend the *holiday/camp at

From _____ (date) to _____ (date)

To run this event successfully it is important to know of any condition/special needs which have to be met. Please complete this section as fully as possible; complete on a separate sheet if necessary.

Is there any medical condition or recurring complaint which the Guider-in-charge should be aware of, e.g. travel sickness, period pains, bedwetting, diabetes, asthma, epilepsy etc.? *YES/NO If YES, please give details.

Does she have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements? *YES/NO If YES, please give details.

Travelling arrangements _____

The parents' meeting will be held on _____ (date)

at _____ (place)

at _____ (time)

Signed _____

Guider-in-charge _____ (date)

Address for return of forms _____

Postcode _____

Does she have any dietary requirements e.g. medical, religious? *YES/NO If YES, please give details.

Does she have any allergies (i.e. to food, medicines etc.)? *YES/NO If YES, please give details.

Does she have any special needs, e.g. not allowed to sleep under canvas, needs turning at night? *YES/NO If YES, please give details.

May she, under supervision, take part in the following activities?

_____ *YES/NO

_____ *YES/NO

_____ *YES/NO

_____ *YES/NO

If water activities are included can she swim 50 metres and keep afloat for five minutes in appropriate clothes? A buoyancy aid may be worn. *YES/NO

I understand that the Guider reserves the right to send participants home if necessary.

I am happy for photographs of my daughter/ward to be used in Girlguiding UK publicity or publications.

Signed _____

*Parent/guardian * _____ Date _____

© (for emergency only) _____

* or other adult with parental responsibility