



Day events and activities – information and consent

Leaders: complete this page and give to parents and carers to keep

Please return this form to

by

Name of event(s) or activity(ies)

You can use this form for multiple activities

Details for the event(s), including activity(ies)

Include location(s), start/end date(s) and time(s), travel and transport information, cost(s), types of activity(ies) and if any special clothing or equipment is needed.

This is a large-scale event (where over 100 participants are present)
Please tell your unit leader if you **DO NOT** wish photos or videos of your child to be taken at this event.
As far as possible the event organiser will make sure that your child doesn't appear in any images, but this can't be guaranteed.

Parents and carers: complete and return this page

You can fill it in and return it electronically.

Participant's full name		
Age at start of event		
If the event includes water activities, is the participant confident in this type of water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the event includes water activities, can the participant swim 50 metres?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the participant have any illnesses, disabilities, pre-existing conditions, allergies or medications that are relevant to the activity or event? Is there anything we can do to help make the activity or event accessible for the participant (for example, dietary requirements, prayer space)?		

Note: There will always be at least one person at every unit meeting, activity or event with a valid first aid qualification. If you have any questions or concerns about this, please speak to the unit leader. Please label any medication with your child's name and provide clear instructions for its use. If applicable, ensure that a spare, clearly labelled inhaler or adrenaline auto-injector is brought to the event to be held by the first aider.

Emergency contacts

Please give details of two people who will always be contactable during the event/activity. Think about phone signal and their distance from the event/activity location.

Emergency contact 1

Emergency contact 2

Name		Name	
Phone number(s)		Phone number(s)	
Address		Address	
How do they know the participant?		How do they know the participant?	

Consent

I give permission for my child to take part in

1. **What is the primary purpose of the study?**

(event/activity).

I give permission for the medication listed on this form to be administered (if applicable).

Parent/carer* name

Date

*Where the term parent/carer is used, this refers to the adult that has legal responsibility for this child.

What will you do with my data?

It's simple. We need the information that 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 child 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 child can enjoy an activity safely
- 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-notice/

*The organisation that manages and looks after your data