



Information and consent holiday/camp

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

CLICK ON EACH LINE AND TYPE IN THE DETAILS. SELECT STARRED(*) ITEMS FROM EACH DROP-DOWN MENU AS APPROPRIATE.

THIS PART TO BE KEPT BY *

The _____ (name of *)

* _____ for * _____ 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 _____

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 _____

THE FOLLOWING SECTION SHOULD BE COMPLETED BY THE PARENT/GUARDIAN.

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.

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.

Signed _____

*Parent/guardian * _____ Date _____

_____ (for emergency only)