

THIS PART TO BE KEPT BY PARENT/GUARDIAN

Please return the lower section of this form, completed and signed, to the Guider by _____ (date).

Name of * _____

Proposed activity _____

On _____ (date)

At _____ (place)

Start time _____ *

Finish time _____ *

Cost _____

Cheques payable to _____

Transport required? * _____

Additional information _____

Signed _____

Guider _____ Date _____

PARENT OR GUARDIAN'S CONSENT

This section should be returned to the Guider 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 e.g. 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 Guide Association publicity or publications.

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/guardian _____ Date _____



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