	ver, we grow Juiding
Name of event	
Part I - to be completed by the Leader. The parent* should retain a copy of all the information i	n Part I.
Please return this form to	(name)
By (date)	
Proposed activity(ies)	
Location	
Start date and time	
Finish date and time	
Cost Travel/transport information	
This is a large-scale event (100 participants or more)	
Additional information	

This form can be returned electronically.	
Participant's full name	
Participant's membership number	
Unit name	
administered etc) that are relevant to this ev	al or dietary needs (including allergies, medication to be vent, please provide details including any additional information he olves an overnight stay you will also be given a Health Information
If the event includes water activities, can the	e participant swim 50 metres? Yes No
	r daughter's name and provide clear instructions for its use. If lled inhaler or EpiPen is brought to the event to be held by the first
Emergency contact	
Please give details of a person who will be co	ontactable at all times during the event/activity.
Name	
Telephone 1	Telephone 2
Address	
How do they know the participant?	
Consent	
I give permission for my daughter (named over	erleaf) to take part in
(event/activity) and for the medication note	ed here to be administered (if applicable).
The photographic and video permissions yo Guides/The Senior Section form will apply	ou have given in your daughter's Starting Rainbows/Brownies/ at this event/activity.
apply. At these events it is understood that	e events (as identified in Part 1) where these permissions do not t photographs and videos of your daughter may be taken and used (eg social media). If you do not wish for this to happen please talk e to inform the event organisers.
Parent's name	Date