

Information and Consent for Event/Activity



Name of event _____

Part I - to be completed by the leader.

The parent* should retain a copy of all the information in Part I.

Please return this form to _____ (name)

By _____ (date)

Proposed activity(ies)

Location _____

Start date _____ Start time _____

Finish date _____ Finish time _____

Cost _____ Travel/transport information _____

Additional information

Continues on next page ►

Part II - to be completed by the parent of participants aged under 18. **Musigals 2020**

This form can be returned electronically.

Participant details

Surname _____ Membership number _____

First name _____ Age at start of event _____

Unit name _____

If your daughter has any health, faith, cultural or dietary needs (including allergies, medication to be administered etc) that are relevant to this event, please provide details including any additional information her Leaders may need to know. (If the event involves an overnight stay you will also be given a Health Information form asking for more detailed information.)

If the event includes water activities, can the participant swim 50 metres? _____

NOTE: Please label any medication with your daughter's name and provide clear instructions for its use. If applicable, ensure that a spare, clearly labelled inhaler or EpiPen is brought to the event to be held by the first aider

Emergency contact

At least one emergency contact must be the parent.

Please give details of a person who will be contactable at all times during the event/activity.

Name _____

Telephone 1 _____

Telephone 2 _____

Email _____

Address _____

How do they know the participant? _____

Please give details of a person who will be contactable at all times during the event/activity.

Name _____

Telephone 1 _____

Telephone 2 _____

Email _____

Address _____

How do they know the participant? _____

Consent

I give permission for my daughter (*named above*) to take part in *Musigals 2020* and for the medication noted here to be administered (if applicable).

Parent's name _____ Date _____

* Where the terms 'parent' and 'daughter' are used, they refer to any adult with parental responsibility, and their ward.

What will you do with my data?

It's simple. We need the information 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 daughter 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 daughter can enjoy an activity safely
- we carry out market research
- 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-policy/

* The organisation that manages and looks after your data