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	l .
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	

Continues on next page ▶

Age at start of event
uding allergies, medication to be tails including any additional information he you will also be given a Health Information
etres? Yes No
rovide clear instructions for its use. If brought to the event to be held by the first
luring the event/activity.
2
ed (if applicable).
ughter's Starting Rainbows/Brownies/
Part 1) where these permissions do not is of your daughter may be taken and used do not wish for this to happen please talk rganisers.