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 ▶

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Age at start of event
cluding allergies, medication to be tails including any additional information he you will also be given a Health Information
netres? Yes No
provide clear instructions for its use. If shought to the event to be held by the first
during the event/activity.
e 2
red (if applicable).
aughter's Starting Rainbows/Brownies/
n Part 1) where these permissions do not os of your daughter may be taken and used u do not wish for this to happen please talk organisers.