

PARENT/GUARDIAN CONSENT FORM

This form is for Under 18s attending Irish Girl Guide Events.



Part 1: To be completed in **BLOCK CAPITALS** by the Leader-in-charge.

Part 2: To be completed in **BLOCK CAPITALS** by the parent/guardian.

PART 1 Name of the Event: _____ Location: _____
Leader-in-charge: _____
Medical Officer: _____ Start Date: _____ End Date: _____

PART 2 CONTACT DETAILS

Name of child: _____ Date of Birth: _____

Home Address

Parent's/Guardian's address during the event (if different from above)

Parent's/Guardian's Contact Numbers: 1. _____ 2. _____

If for some reason you are uncontactable during the event, please give details of another family member or friend who can collect your child in an emergency:

Emergency Contact Name: _____ Relationship to child: _____

Address: _____

Emergency Contact Numbers: 1. _____ 2. _____

HEALTH

Family Doctor: _____ Contact Number: _____

If you are in any doubt about your child's physical fitness/health, please have her medically examined and enclose a doctor's permission note with this form. Every reasonable care will be taken with the health and wellbeing of your child, but the volunteer Leader cannot be held responsible for any accident or illness that may occur.

Does your child have any specific dietary requirements?

Yes No

Dairy free Gluten Free Egg free Sugar free
Wheat free Vegetarian Vegan
Other: _____

Does your child have any allergies? (Medications/ foods or otherwise)

Yes No

If yes, please list details here

Does your child have any medical needs?

Yes No

Asthma Chest complaints Diabetes Epilepsy
Hay fever Heart problems Migraine
Other: _____

Does your child have any additional needs?

Yes No

Physical Difficulties Bedwetting Sleepwalking
Specific Learning Difficulty Dyspraxia Nightmares
Behavioural/Emotional difficulties Autism Other: _____

Does your child have access to an SNA at school? _____

Please share any details that will help Leaders ensure your child has the best experience while away with us.

MEDICATION

The Leader must be informed of any medication that your child brings to this event. Medication required should be given to the Leader-in-charge, or the Medical Officer (MO), in its original packaging, clearly marked with name and full instructions for use. Inhalers/adrenalin pens should be retained by the girl and spare ones given to the Medical Officer.

Your child must not take any medication at the event without the Leader's knowledge.

Below is a list of medications, which we will have with us. Please tick any medication that you give consent for the Medical Officer to give to your child if required.

_____ _____ _____
_____ _____ _____

Has your child had a tetanus injection in the past 5 years? Yes No Don't know
Is your child currently taking any regular medication? Yes No
Can your child self-administer that medication? Yes No

If currently taking medication, please list details below. If your child takes more than one regular medication, please give details of all medications on a separate sheet, if necessary.

Name of medicine: _____ Dosage: _____ Quantity supplied: _____
Prescribing Doctor: _____ Telephone Number: _____
Dispensing Pharmacy: _____ Telephone Number: _____
Method of administration (with or after food): _____
Other relevant information (e.g. side effects): _____

SWIMMING AND WATER ACTIVITIES

THIS PART OF THE FORM NEEDS TO BE COMPLETED IF SWIMMING AND/OR WATER ACTIVITIES ARE PART OF THE EVENT.

All water activities take place in line with our Safety Guidelines. In order to participate in water activities SUCH AS CANOEING, SURFING AND KAYAKING, your child must be able to swim at least 50 metres. Please tick below to confirm.

My child has permission to take part in swimming Yes No
My child can swim 50 metres and can take part in water activities Yes No

I give my permission for my child to attend the event, as described on Part 1 of this form. I have reminded my child that a reasonable standard of behaviour is expected when at the event, including respect for Leaders and all those in attendance.

In the case of emergency, I the undersigned, authorise the Leader, in consultation with a doctor or dentist, to allow administration of treatment and, if necessary, a general anesthetic, and give permission for a surgeon to do any operative procedure which he/she considers necessary.

I undertake to inform the Leader responsible for my child during the event of any change to the child's condition between filling in the form and going to the event.

Signed: _____ **Date:** _____

Parent/Legal Guardian (please circle as appropriate or select from drop down menu)

Please print name (BLOCK CAPITALS): _____