

Dear Guider,

Please find attached, the Activity Permission Form and Notification to Parent/Carer for the Archery, Camp Skills, Canoeing and Climbing Days.

Please provide each Guide applying for the above Activity Days a copy of the Activity Permission Form and a copy of the current Health Form, either by photocopying the forms or emailing them to your Guides.

We would like each Guide to have the opportunity to attend the Activity Days — even if no Guider from your Unit is able to attend, please encourage your Guides to come. Each Activity Day is exactly the same.

Many thanks for your help.

Nancy Watkin.  
Bedfordshire Outdoor Activities Adviser

**Date:**  Sunday, 22nd May, 2011       Sunday, 26th June, 2011       Sunday, 25th September, 2011  
**Time:** 9.30am to 4.30pm      **Venue:** Boyd Campsite and Activity Centre, Church Road, Henlow, SG16 6AB

The **completed** Parent/Carer Reply Slip below **MUST be returned** to:  
 Mrs Pam Andrews. Low Fields, Lower Farm Road, Bromham, BEDFORD, MK43 8JD — telephone number: 01234 825343  
**on or before 16th May, 2011, together with the fee of £15.00, cheque made payable to Bedfordshire Guide Association and a stamped, self-addressed envelope.**

*Places are allocated on a first come-first served basis. Each Guide **MUST** apply individually, enclosing her stamped, self-addressed envelope. Bulk applications will **NOT** be considered. This does not apply however, where there is more than one member of a family applying.*

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**PARENT/CARER REPLY SLIP**

Name of Guide: ----- Date of Birth: -----  
 Unit: ----- District: ----- Division: -----

I give permission for my daughter/ward\* ----- to take part in the Archery, Camp Skills, Canoeing and Climbing Day on: -----  
 (Name)

Sunday, 22nd May, 2011       Sunday, 26th June, 2011       Sunday, 25th September, 2011  
**PLEASE TICK IN THE CIRCLE WHICH DAY YOUR DAUGHTER WILL ATTEND**

Guides are expected to participate in all the 4 activities — Archery, Camp Skills, Canoeing and Climbing. Your daughter/ward\* must be able to swim 50 metres in Cagoule, Shorts, T-Shirt and Lightweight Tie-on Canvas Shoes (which she must bring with her on the day) and stay afloat for 5 minutes, in order to take part in the Canoeing. (The wearing of a helmet, buoyancy aid or life jacket, which is provided, is a necessity for Canoeing.)

I certify that my daughter/ward\* ----- can swim 50 metres in the above clothing and stay afloat for 5 minutes.  
 (Name)

Please state what canoeing experience your daughter/ward\* has — i.e. Beginner, or, how many times she has been on a previous Activity Day. This is in order that we can group her on the day: -----

Is your daughter/ward\* **ALLERGIC** to any food, medication or other substance? Yes/No\*

If Yes, please give details

-----  
 Please use a separate sheet if necessary

I have noted the arrangements and I enclose the fee of £15.00 for the day, cheque made payable to Bedfordshire Guide Association, together with a stamped, self-addressed, envelope.

I am happy for photographs of my daughter/ward\* ----- to be used in UK Girlguiding publicity or publications.  
 (Name)

I authorise the Guider-in-Charge, or the First Aider, or anyone they authorise, to give permission for my daughter/ward\* to ----- receive any emergency dental, medical or surgical treatment, including  
 (Name)  
 anaesthetic, as considered necessary by the medical authorities present, whilst she is on the above Archery, Camp Skills, Canoeing and Climbing Day. My daughter/ward\* will bring her Health Form and Personal Medication with her on the Archery, Camp Skills, Canoeing and Climbing Day on:

Sunday, 22nd May, 2011       Sunday, 26th June, 2011       Sunday, 25th September, 2011\*

Signed: ----- Name: ----- Date: -----  
 (Parent/Carer)\*      (Please print)

Relationship to Guide: -----

Address: -----

⌘ Day: ----- ⌘ Evening: ----- ☐☐ Mobile: ----- email: -----

\* Delete as applicable

## Health Information

### Part I - to be completed by the event coordinator or first aider

Name of event/activity \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Person responsible for first aid at the event \_\_\_\_\_

### Part II - to be completed by:

- parents\* of members under the age of 16
- Senior Section members aged 16 and over
- adult volunteers attending a girl event (if adults wish to keep their health information confidential they may CARRY it in a sealed envelope that will only be opened in the case of an emergency).

### Participant details

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address

Date of last anti-tetanus injection \_\_\_\_\_

GP's name \_\_\_\_\_

GP's telephone number \_\_\_\_\_

GP surgery name or GP's address

### Medication

The following medication will be available at the event. Please indicate which may be given to your daughter if required (girls under 16 only):

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

### General health information

Does the participant have any allergies?

- No       Yes, details (severity, epi-pen information etc):

Continues on next page >

Is the participant affected by any illnesses or disabilities relevant to this event/activity?

No       Yes, details:

Is the participant currently taking medication?

No       Yes, details  
(including reason for its use):

Does the participant self-medicate?     No     Yes

**Medication:** Please label young members' medication with their name and provide clear instructions for its use (whether or not she self-medicates, dosage etc).

**Inhalers:** Ensure that a spare, clearly labelled inhaler is brought to the event.

Is the participant currently receiving medical treatment?

No       Yes, details:

Is there any further information the event team should know regarding the participant's health and well-being?

No       Yes, details:

### Emergency contacts

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

Name

Telephone 1

Telephone 2

How do they know the participant?

Please provide details of an alternative person who will be contactable at all times during the event/activity.

Name

Telephone 1

Telephone 2

How do they know the participant?

### Consent

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parent's signature

Date

Parent's name

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

### Guidance notes

This form must be completed in order for young members to attend a residential event. It should be completed on the day of the event, to ensure the information is up to date, and submitted at the start of the event.

Please provide detailed information relating to any illnesses, medication or treatment in case of a medical emergency.

**Consent:** If your beliefs mean there are some medical treatments you will not consent to, please ensure these are clearly communicated to the event coordinator and/or first aider, and provide details on this form, under 'further information about the participant's health and well-being'.