

# Health Information



WE DISCOVER, WE GROW

Girlguiding

## 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 participants (including children of volunteers) under the age of 16
- members of The Senior Section 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 be opened only in the case of an emergency).

**NOTE: Over-16s attending a 16+ event are NOT required to complete this form.**

## Participant details

Surname \_\_\_\_\_ Membership number \_\_\_\_\_

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 tick to indicate which may be given to your daughter if required (girls under 16 only).

_____	_____
_____	_____
_____	_____
_____	_____

## General health information

Does the participant have any allergies?

No

Yes (details -  
severity,  
EpiPen  
information  
etc)

Does the participant have 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 and EpiPens:** Ensure a spare, clearly labelled inhaler or EpiPen is brought to event, to be held by first aider.

Is the participant currently receiving medical treatment?

No

Yes (details  
including  
hospital  
name and  
address)

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

No

Yes (details)

*Continues on next page* ▶

## 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 a 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 \_\_\_\_\_

## Arrangement for return of form

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

# Information and Consent for Event/Activity



WE DISCOVER, WE GROW

**Girlguiding**

**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 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* ▶

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

**This form can be returned electronically.**

Participant's full name \_\_\_\_\_

Participant's membership number \_\_\_\_\_ 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?    Yes                  No

**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**

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

Name \_\_\_\_\_

Telephone 1 \_\_\_\_\_ Telephone 2 \_\_\_\_\_

Address \_\_\_\_\_

How do they know the participant? \_\_\_\_\_

**Consent**

I give permission for my daughter (*named overleaf*) to take part in \_\_\_\_\_  
(*event/activity*) and for the medication noted here to be administered (if applicable).

The photographic and video permissions you have given in your daughter's Starting Rainbows/Brownies/Guides/The Senior Section form will apply at this event/activity.

The only exception to this is at large-scale events (as identified in Part 1) where these permissions do not apply. At these events it is understood that photographs and videos of your daughter may be taken and used immediately for event publicity purposes (eg social media). If you do not wish for this to happen please talk to your daughter's Leader, who will be able to inform the event organisers.

Parent's name \_\_\_\_\_ Date \_\_\_\_\_

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