

# THE GIRLS FRIENDLY SOCIETY



Event

## REGISTRATION/CONSENT FORM

(All information held in strict confidence)

Please return this completed form together with payment balance by \_\_\_\_\_

Surname

First Name(s)

Address

Date of Birth

Age

**In an emergency the following person should be contacted:** *(Please Print Clearly)*

Name

Relationship

Address

Phone (Day)

Evening

Mobile

*Alternative emergency contact*

Name

Relationship

Address

Phone (Day)

Evening

Mobile

Please state any medical conditions, special diet requirements or any known allergies that your daughter may have *(continue overleaf if necessary)*

Please give details of any medication that the young person may be required to take. Spare inhalers/epipens should be given to the Leader/First Aider.

GP Name

Address

Phone

Name of Hospital consultant (if applicable)

Name

Hospital

Phone

## PARENT/GUARDIAN CONSENT

I confirm that I give consent for \_\_\_\_\_ to attend \_\_\_\_\_ to be held on \_\_\_\_\_ under

supervision of suitable leadership and confirm that she is willing to participate as fully as possible.

I permit my child to travel on transport that has been designated as official for the purpose of the event (e.g. coach/minibus/private vehicle). Yes ☐ No ☐

I give permission for my child to be included in any photographs taken at this event that may then be used in future publicity whether in print, email or on the web Yes ☐ No ☐

I give permission for my child to receive medication as outlined above, topical applications as necessary (e.g. antihistamine cream) and in the event of illness or injury, any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present. Yes ☐ No ☐

I understand that the Leader reserves the right to send participants home if necessary Yes ☐ No ☐

Signature: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

*Consent must be given by the person with parental responsibility*

Name (Please Print): \_\_\_\_\_

Contact Tel No: \_\_\_\_\_ Email \_\_\_\_\_

Please return completed form to:

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## The Girls Friendly Society

In the interest of Safeguarding Trust: -

Girls are not allowed to use their **mobile phone or any other mobile device and must not contact social media** while attending GFS events and activities.

I have read and agree to the above terms

Signature Parent/Guardian\_\_\_\_\_