

# THE GIRLS FRIENDLY SOCIETY



## MEMBERSHIP CONSENT FORM 20\_\_\_\_\_

**Branch**  
**President/Secretary** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Contact No** \_\_\_\_\_

**Branch** \_\_\_\_\_  
**Meeting in** \_\_\_\_\_  
**Meetings commence on** \_\_\_\_\_  
**Day** \_\_\_\_\_  
**From** \_\_\_\_\_ **To** \_\_\_\_\_

### Members Surname

**First Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Age** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

(Information held in strict confidence)

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 she 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** \_\_\_\_\_

**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** \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

I confirm that I give consent for \_\_\_\_\_ to become a member of the Girls' Friendly Society on the days and time specified above and to take part in the normal activities of this group. It is my understanding that my specific consent will be sought for any additional activity outside of the above days and times.

I give permission for my child to be included in any photographs taken at GFS events and activities 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**

**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 person listed above.

PTO....

## 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 \_\_\_\_\_