

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

This form can be returned electronically.

Participant's full name SABINA STANESCU

Participant's membership number _____ Age at start of event 12

Unit name 1st Wittle Girl Guides

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.)

n/a.

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 MRS ANDREEA COLAC

Telephone 1 07506 615029 Telephone 2 07949 292928

Address 120 Crompton Street, Chelmsford, Essex, CM1 3GP.

How do they know the participant? Mother/Parent.

Consent

I give permission for my daughter (named overleaf) to take part in Guidewoods 'The Greatest Show' (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 Andreea Colac Date 10/10/18

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

Health Information



WE DISCOVER, WE GROW

Girlguiding

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

Name of event/activity The Greatest Show Weekend at Guidewoods

Start date 12th October 2018

End date 14th October 2018

Person responsible for first aid at the event Nicola Hills

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 STANESCU

Membership number

First name SABINA

Date of birth 29/7/06

Address

120 Crompton Street
Chelmsford
Essex, CM1 3GP.

Date of last anti-tetanus injection

GP's name DR TOWERS.

GP's telephone number 01245 347539.

GP surgery name or GP's address

Whitely Hse Surgery, Crompton Building, Writtle Road, Chelmsford
CM1 3RN.

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).

Calpol

Ibruprofen

Paracetamol

Plasters

Cough Sweets

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)

Emergency contacts

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

Name Andreea Colac.

Telephone 1 07506 615029.

Telephone 2 _____

How do they know the participant? Mother.

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

Name Lee Munn.


Telephone 1 07949 292926.

Telephone 2 _____

How do they know the participant? Step father.

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 10/10/18.

Parent's name LEE MUNN.

Arrangement for return of form

To Guides or Nikki by 5th October 2018

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