

**CORA C
2011**

Consent Form - Camp / Outdoor Recreation / Adventure Activity



**GirlGuiding
New Zealand**

Name of camp / activity		Dates _____ to _____	
Participant's name		Date of Birth _____	Age _____
Address		Home phone _____	
Guiding ID #		<input type="checkbox"/> Pippin <input type="checkbox"/> Brownie <input type="checkbox"/> Guide <input type="checkbox"/> Ranger <input type="checkbox"/> RIL <input type="checkbox"/> Leader	
Unit name and number		Non Member <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Adult <input type="checkbox"/> Child	

Medical information

Medical conditions (*asthma, diabetes etc*)

Allergies (*including medications*)

Medication required

Is this to be administered by a leader Yes No

Dosage and times

Special dietary requirements

For girl members - Has her period started yet? Yes No

Does she know what to do? Yes No

Can they be given paracetamol for headaches or pain? Yes No

Family doctor's name

Phone

Location

Can they swim 50m? Yes No

Date of last tetanus injection

Is there anything else we should know to keep this person safe?

Emergency contacts during the programme - please use people with different contact details

Parent / caregiver name

Relationship

Home phone

Work phone

Mobile phone

Email

Address

First Emergency contact name

Relationship

Home phone

Work phone

Mobile phone

Email

Address

Second Emergency contact name

Relationship

Home phone

Work phone

Mobile phone

Email

Address

Parent / Guardian Consent

I give permission for _____ to attend this event and participate in all the activities. This includes 1) being transported by a licenced driver in a warranted vehicle, 2) permission to be taken to medical treatment if required and I acknowledge that I will cover any associated costs, 3) permission for any photographs taken to be used by GirlGuiding NZ. I agree to inform them that they are responsible for their own behaviour and if required I will collect them at once. I acknowledge that there are risks associated with this event and whilst GirlGuiding NZ will do everything possible to isolate and minimise these it is not possible to remove all risks.

Name _____ Signature _____ Date _____