

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 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 \_\_\_\_\_