

Girl Permission form - Camp / Outdoor Recreation / Adventure Activity



This form must be completed by the girl in conjunction with her unit leader for a girl led Camp / Outdoor Recreation / Adventure Activity. Ensure all the required attachments are included. Return it to your District Co-ordinator five weeks prior to the start date. Keep a copy for yourself. Permission is granted once you receive the signed, returned permission slip.

Name of girl in charge		Guiding ID #	<input type="checkbox"/> Guide <input type="checkbox"/> Ranger
Address		Date of Birth	Age
Home phone	Mobile phone	Email	
Unit name and number		District	Region

What are you requesting permission for?

Residential Camp (Indoor) Standing Camp (Outdoor) Lightweight Camp

Expedition / Exploration Outdoor Activity (day or overnight) what?

Start date _____ Time _____ End date _____ Time _____

Do you want this to be assessed? Yes No Certificate(s) to be assessed _____

List the activities that will take place (*camping, cooking, walking, swimming etc*)

Assessment camps - tick the permits / certificates that you hold

Guides Camp Cook Badge Camper Badge
Total nights spent: ___ In tents at Guide camps ___ In tents at other camps ___ Total nights camping indoors

Rangers Residential Camp Lightweight Camping Backpackers Paddle, Pole n' Roll Cycling
 Boating Horse Riding

List the other girls who will be attending

Name	Age	GGNZ section or non member	Name	Age	GGNZ section or non member

Where will the camp / outdoor activity take place?

Is this your first time in the area? Yes No

Contact details of the location

Describe

Sleeping facilities

Cooking facilities

Toilet / shower facilities

Drinking water supply

Safe transport arrangements

Explain your alternative or wet weather plans

What communication tools you will be carrying (*eg, Mobile phone, Mountain radio*)

Will you be River crossing Swimming Boating Where?

(Remember you need a qualified adult to participate in the above activities - see Safety Guidelines for Programme Activities)

Contact details of nearest 24 hour medical help?

The accompanying adult / leader is	Name	Relationship
Address	Home phone	Mobile phone

How many other adults will be accompanying you?

What qualifications / certificates or permits do the adults / leaders hold?

Explain how the accompanying adults will ensure the group is safe and appropriately supervised

Consent

Parent / Caregiver of the girl in charge - I have read this document and give my consent for this activity to take place

Name	Signature	Date
Email	Home phone	Mobile phone

Unit Leader of the girl in charge - I have read this document and give my consent for this activity to take place

Name	GGNZ ID #	Signature	Date
Email	Home phone	Mobile phone	

Unit Leader of the girls who are participating on the camp / activity (if different from above) - I have read this document and give my consent for this activity to take place.

Name	GGNZ ID #	Signature	Date
Email	Home phone	Mobile phone	

Checklist

Have you completed and attached:	What is the estimated cost per person?
<input type="checkbox"/> This Girls Permission Form (GP) <input type="checkbox"/> A Safety Action Plan form (SAP) <input type="checkbox"/> A gear list / letter of information and contact details for each participant and their parents / caregivers <input type="checkbox"/> A copy of the blank Consent form (C) sent to all girls attending <input type="checkbox"/> An Intentions form (I) - see the forms overview sheet for clarification of when this is required <input type="checkbox"/> For assessment camps: a detailed programme / trip plan for your activity which includes <ul style="list-style-type: none"> <input type="checkbox"/> Maps and details of how to reach the site <input type="checkbox"/> List of group equipment, first aid kit and communication tool (<i>mountain radio</i>) <input type="checkbox"/> A detailed menu, shopping list and budget of expenses 	

Permission Slip - to be signed by the District Co-ordinator and Regional Outdoor Co-ordinator (or their nominees) and returned to the girl in charge as soon as possible prior to the camp / activity start date

Yes No Permission has been granted to go on the camp / activity

Yes No Permission has been granted to swim / boat / river cross

Regional Outdoor Co-ordinator's name	Signature	Date
District Co-ordinator's Name	Signature	Date