



# Information: emergency home contact details



**Girlguiding UK**  
*girls in the lead*

COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED\* ITEMS AS APPROPRIATE.

## PLEASE RETURN THIS FORM, COMPLETED AND SIGNED

to \_\_\_\_\_  
by \_\_\_\_\_ (date)

### PARTICIPANT

Surname \_\_\_\_\_  
First names \_\_\_\_\_

### YOUR HOME CONTACT

Person to be contacted in case of emergency during visit/event:

Surname \_\_\_\_\_  
First names \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Postcode \_\_\_\_\_ Daytime ☎ \_\_\_\_\_  
Evening ☎ \_\_\_\_\_  
Mobile ☎ \_\_\_\_\_  
Email \_\_\_\_\_

Alternative contact:

Surname \_\_\_\_\_  
First names \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Postcode \_\_\_\_\_ Daytime ☎ \_\_\_\_\_  
Evening ☎ \_\_\_\_\_  
Mobile ☎ \_\_\_\_\_  
Email \_\_\_\_\_

### INSURANCE DETAILS

Insurer \_\_\_\_\_  
Policy number \_\_\_\_\_  
Medical assistance contact number \_\_\_\_\_

Country to be visited \_\_\_\_\_  
Name of event \_\_\_\_\_  
From \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

### TO BE COMPLETED BY GROUP LEADER

Nominated Group home contact:

Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Daytime ☎ \_\_\_\_\_  
Evening ☎ \_\_\_\_\_  
Mobile ☎ \_\_\_\_\_  
Email \_\_\_\_\_

Signed \_\_\_\_\_

\*Participant/parent/guardian  
(if participant is under 16)

Date \_\_\_\_\_

## I/E Information: emergency home contact details

Form I/E comes in four parts.

TOP COPY: white.

SECOND COPY: green.

THIRD COPY: yellow.

FOURTH COPY: pink.

### Web site/CD-ROM users

Print four copies of the form to correspond with the number of parts above.  
Mark each sheet clearly in the top right-hand corner to show which part it is,  
eg white, green, yellow or pink.

Follow the instructions below for using the form,  
remembering to sign each copy of the form.

#### **1 The group leader:**

- fills in her parts of the form.
- sends the form to the participant.

#### **2 The participant:**

**(If the participant is under 16 the form must be signed by a parent or guardian)**

- completes and signs the form.
- keeps the fourth/pink copy.
- returns the form to the group leader.

#### **3 The group leader:**

- keeps the third/yellow copy.
- forwards the second/green copy to the nominated home contact.
- forwards the white/top copy to either County or Region offices or CHQ as appropriate.



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