International residential event and activities – information and consent

**Leaders: complete this page and give to parents and carers to keep**

|  |  |  |  |
| --- | --- | --- | --- |
| Please return this form to |  | by |  |

**Name of event**

|  |
| --- |
|  |

**Details for the event, including activity(ies)**

Include the location, start/end date and time for the residential, travel and transport information, cost, types of activity(ies) and if any special clothing or equipment is needed.

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|  |

**This is a large-scale event** (where over 100 participants are present)

Please tell your unit leader if you **DO NOT** wish photos or videos of your child to be taken at this event.

As far as possible the event organiser will make sure that your child doesn’t appear in any images, but this can’t be guaranteed.

**Parents and carers: complete and return this page**

|  |  |  |
| --- | --- | --- |
| Participant’s full name |  | |
| Age at start of event |  | |
| If the event includes water activities, is the participant confident in this type of water? | | Yes  No |
| If the event includes water activities, can the participant swim 50 metres? | | Yes  No |
| Is there anything we can do to help make the activity or event accessible for the participant?  (for example, dietary requirements, prayer space) | | |
|  | | |

Your unit leader will also ask you to complete a [health form](https://www.girlguiding.org.uk/globalassets/docs-and-resources/safeguarding-and-risk/health-form-for-international-travel-pdf2.pdf) for this event. Please use this form to tell us about your child’s health information and history, and to give details of two emergency contacts who will always be contactable during the event.

**Consent**

I/We declare that I/we are the legal parent(s) or carer(s) of the above-named child.

|  |  |
| --- | --- |
| I/We give consent for our child to travel with Girlguiding volunteers to |  |

|  |  |  |
| --- | --- | --- |
| (country) to take part in |  | (event) |

and for Girlguiding volunteers to act *in loco parentis*. This means acting in place of a parent or carer.

Any questions regarding this document may be addressed to me/us using the details below.

**Parent/carer 1 (required) Parent/carer 2 (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Phone number(s) |  | Phone number(s) |  |
| Address |  | Address |  |
| Signature\* |  | Signature\* |  |
| Date |  | Date |  |

\*Only wet ink signatures are acceptable