

# Scouts One Day Activity

## Information and consent form

*This part to be kept by the parent/guardian. Please complete legibly in black ink.*

Please return the lower section of this form, completed and signed, to the Leader by (date)

Name of Section: .....

Proposed activity : .....

.....

.....

On (date) : .....

At (place): .....

Start Time: .....am/pm

Finish time: .....am/pm

Cost: £ .....

Cheques payable to: .....

Is transport required? (yes/no) .....

Additional information .....

.....

.....

.....

Home contact: .....

.....

.....

Home contact phone: .....

Signed: .....

Leader: .....

Date: .....

## Parent's or guardian's consent

*This part to be returned to the Leader*

I have noted the arrangements and give permission for:

(name of child) .....

to take part in (proposed activity): .....

.....

.....

.....

Please state if your child has a disability or condition which might be affected by this activity.

.....

.....

.....

Please indicate details of any medical treatment she/he is having at the moment.

.....

.....

.....

I can provide transport (*if yes please give details*)

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.....

.....

I enclose fee of £ .....

I can be contacted during the day at:

.....

.....

.....

.....

Telephone number: .....

Signed: .....

Date: .....

Name: .....