



3rd Hayling Scout Group Day Activity Consent Form

This part to be kept by the Parent / Carer. Please complete legibly.

Please return the lower section of this form, completed and signed to the Leader as soon as possible..

Section:

Proposed Activity:

.....

.....

On (Date:)

At (Place:)

Start Time:

Finishing Time:

Cost £

Please make cheques payable to 3rd Hayling Scout Group.

Transport Required? Yes / No

Additional Details:

.....

.....

.....

Home Contact:

.....

Home Contact Phone Number

.....

Leader:

Date:

Parent or Carers 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, medical condition or allergies which might be affected by this activity.

.....

.....

.....

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

.....

.....

I can provide transport and by signing this form I confirm that my vehicle is insured for passengers.
YES / NO

(Please give details)

.....

.....

If No, I will provide the legally required Car Seat if my child is under the age of 12 and under 4ft 5in in height.

I enclose the fee of £

I can be contacted on the day of the activity at:

.....

.....

Telephone Number

Signed

Date:

Name: