



# Guides/Senior Section Skills Builder - Lead (Level 5) Event



PLEASE NOTE: This is the consent form required for attendees under the age of 18 to take part in the Guides/Senior Section Skills Builder – Lead (Level 5) Badge Day. This is **not** consent to recruiting for, or joining the Army.

THIS FORM IS TO BE COMPLETED IN FULL AND SIGNED BY THE PARENT OR GUARDIAN OF THE PERSON NAMED BELOW (PARTICIPANT).  
YOU ARE TO COMPLETE THIS FORM AND RETURN IT TO GIRLGUIDING SHROPSHIRE 25 MEYNELLFIELD, LOGGERHEADS, SHROPSHIRE TF9 4GY BY 1<sup>ST</sup> JULY 2019.  
YOU **WILL NOT** BE ABLE TO TAKE PART IN ANY ACTIVITY IF YOU HAVE NOT RETURNED THIS FORM.

ALL DETAILS MUST BE IN BLOCK CAPITALS

## CANDIDATE

Full name: ..... Date of Birth: .....

Guiding Registration Number: .....

## PARENT / GUARDIAN

Full name: ..... Relationship: .....

Address:

Contact Telephone Numbers:

..... Home: .....

..... Work: .....

..... Mobile: .....

**EMERGENCY CONTACT DETAILS**

Please ensure the details you provide are of a suitable adult (over 18 years of age) who has responsibility for the candidate during Guide Event. If possible, please provide a second contact and the candidate’s registered Doctor.

**First Contact Details**

Full name: ..... Relationship: .....

Address: ..... First Contact Telephone Numbers:

..... Home: .....

..... Work: .....

..... Mobile: .....

.....

**Second Contact Details**

Full name: ..... Relationship: .....

Address: ..... Second Contact Telephone Numbers:

..... Home: .....

..... Work: .....

..... Mobile: .....

.....

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

You are to read the following questions carefully and provide Yes/No answers in the box provided.

	QUESTIONS RELATING TO YOUR MEDICAL HEALTH	YES	NO
1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2	Does your doctor currently prescribe you drugs (for example water pills) for blood pressure or a heart problem?		
3	Do you ever feel pain in your chest when you do physical activity?		
4	In the past month, have you had chest pain when you are not doing physical activity?		
5	Do you ever feel faint or have spells of dizziness?		
6	Do you suffer from shortness of breath at any time or a respiratory condition that would prevent you from doing physical activity?		
7	Do you have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?		
8	Are you pregnant or have you given birth in the last 6 months?		
9	Do you have a condition requiring medication or are you taking medication that would prevent you from doing physical activity?		
10	Do you suffer from neurological issues, epilepsy or blackout?		
<p><b>Our Declaration:</b>            For your safety and welfare, if you answered yes to any of the above then unfortunately you will not be able to take part in the physical activity/activities – however, this will not prevent you from taking part in the rest of the event.</p>			

Your ability to undergo physical activities will be monitored during warm up sessions. If the Instructor determines that, based on his/her assessment, you are not up to the required standard you will be refused access to take part in the physical activity/activities.

**General Health Information**

Date of last anti-tetanus injection .....

GP's Name .....

GP's Telephone Number: .....

GP's Surgery Name and address .....

.....

Does the participant have any allergies including any medicines not to be administered?

	✓	
No		
Yes		Details

Does the participant have any illnesses or disabilities relevant to this event/activity?

	✓	
No		
Yes		Details

Is the participant currently taking medication?

	✓	
No		
Yes		Details

Does the participant self-medicate?      Yes/No

**NOTE:** Please label any medication with your daughter's name and provide clear instructions for its use. If applicable, ensure that a spare, clearly labelled inhaler or EpiPen is brought to the event to be held by the Girlguiding First Aider.

Is the participant currently receiving medical treatment?

	✓	
<b>No</b>		
<b>Yes</b>		<b>Details</b>

Is there any further information the event team should have regarding the participants health and well-being?

	✓	
<b>No</b>		
<b>Yes</b>		<b>Details</b>

**If, between signing this document and you taking part in the planned event, your health status changes it is your parent/guardians responsibility to inform Guide Contact Point (CC Clare Shinton, 07957546620 or [clareshinton@gmail.com](mailto:clareshinton@gmail.com)**

**DECLARATION**

- I give permission for the candidate to carry out the Guides/Senior Section Skills Builder – Level 5 activities.
- I understand that the event may include:
  - Physically demanding activities
- I confirm that there are no known medical reasons why the participant should not take part.
- I am aware that the Army is unable to allow individuals who have a medical condition<sup>(1)</sup>, that may impair their ability, cause sudden incapacitation or require medication, to participate in the certain activities.
- I am aware that the Army cannot allow individuals to participate in physical activities if they have certain conditions, and can confirm that the candidate does not:
  - Have a current injury or receiving medical treatment that prevents them taking part in physical activity.
- In the event of illness or injury during the event, I authorise the provision of any required medical treatment as deemed necessary by the Service or Civilian medical attendants for the candidate. In the event of medical treatment being provided, I will be notified as soon as possible. I understand that if the participant is over 16 they can decline the offer of medical treatment. With the exception of a Medical Officer, Service Personnel are not responsible for administering or supervising the administration of any medication.
- I authorise the Guide Leaders and First Aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

**PARENT / GUARDIAN SIGNATURE**

Signed: ..... Date: .....

<sup>1</sup> Participation in physical activities by individuals with Asthma, Epilepsy or ADHD is subject to a suitable and sufficient risk assessment by the activity Commander in accordance with JSP 375, taking into account the degree of impairment, likelihood of sudden incapacitation, proposed activities, environment and the use of prescribed medication. Specialist Occupational Medicine advice can be sought from Occ Med Branch, HQ ARTD, Bldg 370, Trenchard Lines, Upavon, SN9 6BE to assist in the assessment of risk.

## Photographic consent

We are planning to take photos and complete a video during our activities to promote the Girlguiding/Army partnership around leaderships skills. Please tick **ONE** of the options below:

	I am happy for photographs/videos to be taken of my daughter during the Army/Guiding event and used in national and local Girlguiding/British Army publicity, communications, publications or digital channels (eg websites, social media).
	I do not wish any photographs/videos to be taken of my daughter while she undertakes the Army/Guiding event.

### PARENT / GUARDIAN SIGNATURE

Signed: ..... Date: .....

Please provide full name of the person who will be transporting your daughter to the event and details of their vehicle – this is for security reasons at the Swynnerton Site.

Name of transporter .....

Vehicle Make and Registration .....

### What will Girlguiding/British Army you do with my data?

It's simple. We need the information you share with us to run our exciting activities and to satisfy our legal responsibilities. We'll keep it safe for as long as your daughter is an active member.

We promise we'll only share your information if:

- you ask us to
- the law requires us
- in order to comply with our policies
- so your daughter can enjoy an activity safely
- we carry out market research
- it's in the public interest

**FOR BRITISH ARMY STAFF USE**

Event/Activity Title: .....

The Physical Activity Readiness Questionnaire must be reviewed with the candidate on day of activity and appropriate action taken if there are any significant changes since originally signed.

Instructor's signature: .....

Print name: .....

Date: .....