

Parents/caregivers are required to give updated contact details and signed consent annually to meet IFG/GBNZ Health and Safety requirements.

This form to be completed and returned to the

Unit Team Leader

Girl's Details

Name.....

Address .....

Post Code.....

E-mail .....

Home Phone.....

Mobile Phone .....

Date of Birth.....

Ethnic Origin.....

School Attended.....

Year at School .....

Previous IFG or GB involvement (if any)

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Interests .....

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Church Attended (if any) .....

Any factors that may limit full participation in Unit activities .....

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Any other issues relevant to safety? Eg Does your child have any specific food or other allergies and if so, what are they?

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Is your child vaccinated? .....

Date of last tetanus injection? .....

Parental/ Caregiver Consent

Details of parent/caregiver giving consent

Name .....

Address.....

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Post Code.....

E-mail.....

Home Phone .....

Mobile Phone .....

Relationship to child .....

I, the undersigned, consent to my child becoming a member of IFG and participating fully in its activities.

I understand that I will be required to give additional consent for my child to participate when, from time to time, activities take place away from the usual venue or when activities are held at the usual venue outside the usual meeting time.

If I cannot be readily contacted in the case of an emergency, accident or illness I give permission for the leaders of IFG to act in my place with the safety and welfare of my child being of utmost concern.

In the case of a medical emergency when I cannot be contacted I consent to my child receiving such medical, surgical or anaesthetic care needed as determined by the appropriate medical practitioner or hospital authority to which my child has been taken for such care. Should an ambulance or other transport be required I accept responsibility for all expenses incurred.

I accept that the information I have provided in completing this form will be kept securely on record by IFG and will be used for administration purposes. Medical information has been given on the understanding that these details will be kept confidential.

I consent that any photographic images (including on video) taken of my child during IFG activities may be used for publicity and promotional purposes including on social media sites.

Signed .....

Date .....

Details of any other parent/caregiver

Name .....

Address.....

Post Code.....

E-mail .....

Home Phone.....

Mobile Phone.....

Relationship to child .....

Emergency Contact

*(in the event of parent/caregiver being unavailable)*

Name .....

Phone .....

Mobile Phone.....

Relationship to child .....

iconz4girlz



Email: [info@iconz4girlz.org.nz](mailto:info@iconz4girlz.org.nz)

[www.iconz4girlz.org.nz](http://www.iconz4girlz.org.nz)

Annual Consent Form  
for 2019

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to the Unit Team Leader.*