



IFG Activities/Events/Sleepover Outside Regular Meeting Venue/Time

This form should be completed and held on file for activities/events/camps outside of regular meeting venue/time. If an overnight camp or an activity with perceived risk **send a copy to rams@iconz4girlz.org.nz**

IFG Unit: _____ Date & Time: _____

Leader in charge of event: _____ Age Group: _____

Mobile phone number: _____

Purpose: _____ Number of girls: _____

Place of visit/event: _____

Checklist of organisational reminders:

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Notice to parents (please attach) - purpose, date, time, clothing, food, cost, transport,

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Medical statement, liability exemption and permission slip.

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Medical Kit

Adult/Girl Ratio _____ : _____

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Permission slip, return date: _____

List of people who need to be informed (eg Mountain Safety, Police) _____

Names of leaders/adults who will be assisting:

Adults with current First Aid Certificate:

Transporters: (attach list of car occupants)

Name	Car make	Drivers Licence	Reg. Number	Current WOF?	Current Reg?

Safety Factors:

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Completed Risk Analysis Management Form

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Instructions / Briefing given to helpers

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Code of Conduct signed by all participating adults

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Membership/Enrolment forms & medical information

Signature of Leader in Charge: _____

Date: _____