

**GROUP LEADER'S PERSONAL DATA CONSENT FORM**

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <b>Group Name</b>        |  | <b>Group Leader:</b>     |  |
| <b>Member Name</b>       |  | <b>Membership Number</b> |  |
| <b>Telephone number:</b> |  | <b>e-mail address:</b>   |  |

**IN CASE OF EMERGENCY (ICE) - OPTIONAL**

**I hereby give my consent for the following personal emergency medical data to be retained by the group leader:**

**Signature:**

**Date:**