SPECIAL EVENT/ACTIVITY CONSENT FORM



MEMBER'S NAME IN CAPITALS

PART A (To be completed by	The Boys' Brigade)	
Company/Battalion/District:		
Activity or Event:		
Venue:		
Dates:		
Officer in Charge:		
Contact Telephone Number:		
It is advised that parents/guardians make a note of the above details.		
PART B (To be completed by	the Parent/Guardian)	
Full name of member:		
Date of birth:		
I give my permission for (child's name) to attend and take part in the activities or event named in Part A (A list of activities to be undertaken during the event can be found on the back of this form). I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorise any Leader to sign on my behalf, any written form of consent required by medical authorities.		
MEDICAL DETAILS Name and address of young p	person's Doctor:	
Doctor's Telephone Number:		
National Health Service Number:		
Details of any infectious disease with which there has been contact within the last three weeks:		
Details of medicine/diet/treatment which is being taken/followed (including any medication needed whilst at the event/activity):		
Details of known allergies/sensitivities (e.g. penicillin):		
My child has/has not* been immunised against tetanus within the last five years. (*Delete as appropriate)		
PARENT/GUARDIAN CONTACT DETAILS (for use during the event/activity)		
Address:		
Telephone: (home)	(mobile)	
	nd telephone):	
	(Parent/Guardian) Date:	
PHOTOGRAPHS		

The Boys' Brigade is registered under the Data Protection Acts. Any parent may request a copy of relevant information held by the Company/Battalion/District and enquiries should be directed to BB Headquarters.

Photographs of activities may be used for publicity purposes (e.g. Newsletter, Local Press, BB Website, etc). If you would prefer your child not be included in such photographs tick the following box:

Activities to be undertaken during the event include: (To be completed by the Officer in Charge)