

ANNUAL
CONSENT
FORM



MEMBER'S NAME IN CAPITALS

PART A (To be completed by The Boys' Brigade)

Company: _____

Officer in Charge: _____

Address: _____

Postcode: _____

Contact Telephone Number: _____ Email: _____

It is advised that parents/guardians make a note of the above details.

PART B (To be completed by the *Parent/Guardian) * please delete as appropriate

Full name of member: _____

Date of birth: _____

PERMISSION

I give my permission for _____ (child's name) to attend and take part in the activities of the company. **A list of usual company activities is listed on the back of this form.**

Signed: _____ Name: _____ Date: _____

MEDICAL DETAILS

Name and Address of young person's Doctor: _____

Telephone Number: _____

National Health Service Number: _____

Details of any medical condition or allergies leaders should be aware of (including any medication needed whilst at BB)?

PARENT/GUARDIAN CONTACT DETAILS

Address: _____

Post Code: _____

Telephone: (home) _____ (mobile) _____ Email: _____

ALTERNATIVE CONTACT DETAILS

Name: _____ Address: _____

Post Code: _____

Telephone: _____ Relationship to you (if any) _____

SPECIAL NEEDS

Please give details of any particular needs your child has to enable them to participate in BB activities:

PHOTOGRAPHS

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:

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

Usual Company activities include the following:
(To be completed by the Company)