

SPECIAL
EVENT/ACTIVITY
CONSENT FORM



BOY'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: _____

PERMISSION

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 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) _____

Alternative Contact (name and telephone number): _____

Signed: _____ (Parent/Guardian) Date: _____

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 Brigade Headquarters.

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