

ANNUAL CONSENT FORM



MEMBERS 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: _____

Social Welfare 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

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

It is possible that BB members may appear in photographs of company activities that will be used for publicity purposes (e.g. Church/Company Newsletter, Local Press, BB Website, etc). Care will be taken to ensure that addresses of individuals are not given but if you would prefer your child not to be included in such photographs please indicate below: _____

If individuals indicate they do not wish to appear in any BB publicity that wish will be respected.

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 Brigade Headquarters.

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