THE BOYS' BRIGADE
>the adventure begins here

Member's name in CAPITALS

SPECIAL ACTIVITY CONSENT FORM

FOR BATTALION/DISTRICT/REGIONAL EVENTS OR ACTIVITIES

This form is to be completed for all residential activities involving a night away from home or for those activities which are not usually part of the Company programme. This is to ensure that we have up to date personal information for all members including medical and emergency contact details.

This form should be completed and returned to the Company as soon as possible.

Please complete in BLOCK CAPITALS. Boxes marked with a * are compulsory.

Part A - to be completed by Leader

It is advised that Parents/Carers make a note of the details below:

Event/Activity:*

Location:*

Start Date/Time:* End Date/Time:*

Proposed Activity(ies):*

Leader in Charge (name):*

Event/Activity is being run by (Battalion/District/Region)*

Part B - to be completed by Parent/Carer

Personal Details

Please complete details for the child/young person:

Surname:* First Name:*

Date of Birth:* / /

Address:*

Town:* County:* Postcode:*

Medical Details

Doctor/Surgery:* Surgery Address:*

Surgery Phone:*

Does the participant have any allergies?* No Yes (please provide details below)

Does the participant have any illnesses or disabilities relevant to this event/activity?* No Yes (please provide details below)

Continued →

Is the participant currently taking medication?* ☐ No ☐ Yes (please provide details below)

Does the participant self-medicate?* ☐ No ☐ Yes

Please label participants' medication with their name and provide clear instructions for its use (whether or not they self-medicate).

Has the participant been immunised against tetanus within the last five years?* ☐ Yes ☐ No

Please give details of any additional medical/health information leaders should be aware of:

Emergency Contact Details

Please provide details of the primary contact (usually parent/carer) and an additional emergency contact who will be contactable at all times during the event/activity:

Primary Contact*

Title:* First Name:* Last Name:*

Relationship to BB Member:* Phone:* Mobile:*

Emergency Contact*

Title:* First Name:* Last Name:*

Relationship to BB Member:* Phone:* Mobile:*

Consent

The parent/carer is required to read and agree to all the following statements:

- ☐ I give permission for my child to attend and take part in the event/activity(ies) stated overleaf.
- ☐ I confirm that the information provided is correct to the best of my knowledge and undertake to notify the Leader in Charge of any changes.
- ☐ 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 Leaders to give permission for my child to receive medical treatment as considered necessary by the medical authorities present.

Photo Consent*

During this event/activity we may take photos and/or videos and need to obtain your consent for this; please tick ONE of the options below:

- ☐ I am happy for photographs/videos to be taken of my child during BB activities and used at all levels within The Boys' Brigade for publicity, communications and publications including social media.
- ☐ I do not wish any photographs/videos to be taken of my child while they are undertaking BB activities.

Please note photo consent obtained on this form ONLY applies to this particular events/activity and does not impact on photo consent given to the Company through the Annual Information Form or as updated by Parent/Carer through My.BB.

Signed:

Name:*

Relationship to BB Member:

Date: / /

Should you have any questions regarding this form or any other matter please speak to the Company Captain or Leader in Charge.

For more information about The Boys' Brigade and our polices & regulations visit our website at **boys-brigade.org.uk**

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Registered Address: Felden Lodge, Hemel Hempstead, Herts, HP3 0BL.

Leader's Use

Form received: / / This form should be retained and stored securely for a period of 6 months following the event.