



Please return to Officer in Charge not more than seven days before the event.

\_\_\_\_\_  
NAME IN CAPITALS

## SPECIAL EVENT/ACTIVITY CONSENT FORM

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

Company/Battalion/District \_\_\_\_\_  
Activity or Event \_\_\_\_\_  
Venue \_\_\_\_\_  
Dates \_\_\_\_\_  
Officer in Charge \_\_\_\_\_  
(Please state name, \_\_\_\_\_  
address and 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 \_\_\_\_\_ to attend and take part in the activities or event named in Part A. 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 Officer 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 \_\_\_\_\_  
\_\_\_\_\_

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)

#### ADDRESS(ES) OF PARENT/GUARDIAN DURING THE EVENT

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Signed \_\_\_\_\_ 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 the Company Captain.