

ANNUAL  
CONSENT  
FORM



MEMBER'S NAME IN CAPITALS
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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)*