



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 **195th Glasgow Company**
Activity or Event **Annual Summer Camp**
Venue **North Berwick**
Dates **Friday 26th to Sunday 28th June 2009**
Officer in Charge **Alistair K. McInnes (Mobile No. 0797 107 9660)**

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 the young person has been in 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

Name _____ (PARENT / GUARDIAN)

Address _____

_____ Post Code _____

Telephone (day) _____ (evening) _____

Signed _____ Date _____

The Boys' Brigade is registered under the Data Protection Acts. The information requested on this form is for Company use only and will not be passed onto anyone else. Any parent may request a copy of relevant information held by the Company and enquiries should be directed to the Company Captain.