## SPECIAL EVENT/ACTIVITY CONSENT FORM



BOY'S NAME IN CAPITALS

PART A (To be completed by	y The Boys' Brigade)
Company/Battalion/District:	1st New Monkland
Activity or Event:	Adventure Camp
Venue:	Lochgoilhead Activity Centre
Dates:	1st -3rd March 2019
Officer in Charge:	Calum McLeod
Contact Telephone Number:	07546 573 143
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:	
event can be found on the accident, every effort will be a sign on my behalf, any writte	(child's name) to attend and take named in Part A (A list of activities to be undertaken during the back of this form). I understand that in the event of any illness or made to contact me, but if this is not possible, I authorise any Leader to n form of consent required by medical authorities.
	Doctor's Telephone Number:
National Health Service Nu	mber:
Details of any infectious dis	ease with which there has been contact within the last three weeks:
	atment which is being taken/followed (including any medication needed
Details of <b>known allergies/s</b>	ensitivities (e.g. penicillin):
My child <b>has/has not*</b> been	immunised against tetanus within the last five years. (*Delete as appropriate)
PARENT/GUARDIAN CONT	ACT DETAILS (for use during the event/activity)
Address:	
	(mobile)
Alternative Contact (name a	and telephone number):
	(Parent/Guardian) 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 Brigade Headquarters.