



SPECIAL EVENT/ACTIVITY CONSENT FORM

Please return to Officer in Charge

BOY'S NAME IN CAPITALS

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

Company/Battalion/District: 8th Falkirk
 Activity or Event: Dalguise
 Venue: Dalguise, Dunkeld, PH8 0JU
 Dates: 11/05/2018 - 13/05/2018
 Officer in Charge: Brian Grant
 Contact Telephone Number: 07769 279265

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 _____ (child's name) 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 Leader 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 (including any medication needed whilst at the event/activity): _____

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: (home) _____ (mobile) _____

Alternative Contact (name and telephone number): _____

Signed: _____ Date: _____