

ANNUAL CONSENT FORM

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child.

BB Company	1st BALLYGOWAN BOYS' BRIGADE
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PERSONAL DETAILS

Name of child/young person		
Known as	DOB	Age
Address		

PARENT/CARER DETAILS

Name
Relationship to child/young person
Best contact number
Email

EMERGENCY CONTACT PERSON If parent/carer above is unavailable, contact:

Name
Relationship to child/young person
Best contact number

MEDICAL DETAILS OF CHILD/YOUNG PERSON

<p>Name of GP:..... Contact Number:</p> <p>Details of any medical conditions, special needs, allergies, dietary requirements, medication being taken or anything else that would be helpful for leaders to know about:</p>
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I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the contact details given above. In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise the leadership team to take my child to a suitable hospital. I understand that every effort will be made to contact me as soon as possible.

Please tick box

PHOTOGRAPHS/VIDEO

During this event, photographs/video/media recordings may be taken which may be used by the BB Company, Church and/or BBNI for publications or marketing purposes, including in print and online. For this, we need your permission.

If you consent, please tick box

PARENTAL CONSENT

I give permission for my child to attend and to participate in the activities associated and organised by the BB Company named above.

I confirm that the information provided is correct to the best of my knowledge and undertake to notify the leader in charge of any changes.

Signed:..... Print name:

Relationship to BB member:..... Date:

GDPR statement:

All personal data will be held in accordance with General Data Protection Regulations (GDPR). Personal data is held securely within the BBNI online membership system while your child is an active member of the organisation. If their membership becomes inactive their details will be archived. Personal data is required to ensure the well-being of members and will not be disclosed to any third party without your prior written consent.

As you will appreciate we require many officers and leaders to run BB in Ballygowan every Friday night and there may be occasions when we need additional help.

Please indicate if you would be willing to help with BB, if required.

Yes, I would be willing to help

Name _____