## ANNUAL CONSENT FORM



BOY'S NAME IN CAPITALS

PART A (To be completed by T	he Boys' Brigade)	
Company:195th Glasgow		
Officer in Charge: Alistair K. McInn		
Address: 19 Kingslynn Drive, Kings	Park, Glasgow	
		Postcode: G44 4JB
Contact Telephone Number: 0 It is advised that parents/guardians m	141 569 7143 ake a note of the above details.	Email: akmcinnes@ntlworld.com
PART B (To be completed by the	ne *Parent/ *Guardian) * ple	ase delete as appropriate
Full name of member:		
Date of birth:	<del></del>	
PERMISSION I give my permission for activities of the company. A list	of usual company activition	(child's name) to attend and take part in thes is listed on the back of this form.
Signed:	Name:	Date:
MEDICAL DETAILS  Name and Address of young p	person's Doctor:	
	Tel	ephone Number:
Details of any medical condition needed whilst at BB)?	on or allergies leaders sho	ould be aware of (including any medication
PARENT/GUARDIAN CONTAC	T DETAILS	
Address:		
		Post Code:
Telephone: (home)	(mobile)	Email:
ALTERNATIVE CONTACT DET	'AILS	
Address:		
		Post Code:
Telephone:	Relationship to you (if any)	
SPECIAL NEEDS		enable them to participate in BB activities:
PHOTOGRAPHS		

It is possible that BB members may appear in photographs of company activities that will be used for publicity purposes (e.g. Church/Company Newsletter, Local Press, BB Website, etc). Care will be taken to ensure that addresses of individuals are not given but if you would prefer your child not to be included in such photographs please indicate below:

If individuals indicate they do not wish to appear in any BB publicity that wish will be respected.

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 Brigade Headquarters.

## **Usual Company activities include the following:** (To be completed by the Company)