

SPECIAL ACTIVITY CONSENT

This form is to be completed for all residential activities involving a night away from home or those activities which are not usually part of the programme eg day trips, camps, holidays, events or competitions. 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.

DETAILS OF ACTIVITY To be completed by leader

Event/activity	
Location	
Start Date/Time	End Date/Time
Method of transport	

CHILD/YOUNG PERSON

Name

MEDICAL DETAILS OR ALLERGIES

We already have general medical information from you when your child registered for BB this year. Has anything changed? Is there anything else relevant to this event/activity that leaders should know about? eg allergies, medication needed.

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

Is there anything else you think we should know?

EMERGENCY CONTACT PERSON 1 Needs to be contactable during this event/activity

Name

Relationship to child/young person:

Best contact number:

EMERGENCY CONTACT PERSON 2 Needs to be contactable during this event/activity

Name

Relationship to child/young person:

Best contact number:

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

PARENT'S SIGNATURE

I give permission for my child to take part in this event/activity. 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.