



This form is to be completed for **each individual** activity, competition, trip, residential, church sleepover, DofE activity or camp organised by either a BB Company or a Battalion, which are not part of your weekly programme and outside your normal meeting place. The leader in charge needs to know these details to meet the specific needs of your child.

DETAILS OF THE ACTIVITY (to be completed by the leader in charge of the activity)

Name of BB Company or Battalion organising the event:	
Location:	
Details of the event (e.g. bowling trip, BB camp, competition etc.)	
Start Date/Time :	End Date/Time:
Method of transport:	

CHILD/YOUNG PERSON (to be completed by the parent/carer.)

Child's Name:	BB Company:
Date of Birth:	Address (inc. postcode):

MEDICAL DETAILS OR ALLERGIES

Name of GP:..... Contact Number:
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:

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.

If you consent, please tick this box

Please give details of any additional information leaders should be aware of:

EMERGENCY CONTACT PERSON 1 (this person needs to be contactable during the activity)

Name

Relationship to child/young person:

Mobile Number:

Email Address:

EMERGENCY CONTACT PERSON 2 (this person needs to be contactable during the activity)

Name

Relationship to child/young person:

Mobile Number:

Email Address:

PHOTOGRAPHS/VIDEO

During this event, photographs/video/media recordings may be taken which may be used by the BB Company, Battalion, 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 this box

PARENT/CARER CONSENT

I give permission for my child to take part in this special 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.