

BB Company

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.

PERSONAL DETAILS		
Name of child/young person		
Known as	DOB	Age
Address		1
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		
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:		



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.

