



THE BOYS' BRIGADE
PARENTAL CONSENT FORM
ANNUAL

PART 'A' (To be completed by The Boys' Brigade)

Company: **5th Irvine**
 Section **Anchor Boys**
 Officer-in-charge: **Mrs Margaret Rae**

PART 'B' (To be completed by the parent or guardian)

Full name of boy _____

Date of Birth ____/____/____

PERMISSION - I give my permission for him to take part in the activities of the company.

**MEDICAL
 DETAILS**

Name of boys doctor _____

Address of doctor _____

Doctors telephone number _____

National Health Service number _____

Details of any medicine/diet/treatment which is being taken/followed

Details of known allergies/sensitivities (eg penicillin)

He has/has not* been immunised against tetanus within the last five years.

It is possible that BB members may appear in photographs of company activities that will be used for publicity purposes (Church Magazine, Company Newsletter, Local Newspaper, 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 by ticking this box

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

Name _____

Address _____

E-mail address _____ (please provide an e-mail contact)

Telephone (day) _____ (evening) _____

Signed _____

Date ____/____/____

