



Residential Event Health Consent Form (page 1 of 3)

Girls' Brigade, Cliff College, Calver, Hope Valley, Derbyshire, S32 3XG

Tel: 01246 582322 | Email: gbc0@gb-ministries.org | Web: www.girlsbrigadeministries.org.uk

The Girls' Brigade England & Wales is a registered charity, number 206655, and a company limited by guarantee, number 206877

To be used for those attending Residential Events run by a GB district or region. Parents/guardians should complete this **not more than three days before the event** and hand it to the GB leader on arrival at the event. Over 16s may sign on their own behalf.

Personal details (of person attending the event):

I agree that Girls' Brigade can collect, store and use this personal information for GB's administration, activities, opportunities and marketing. Girls' Brigade won't share this information without your consent, except in certain circumstances required by law, a regulatory requirement or to safeguard a child or young person. We'll keep your information secure and keep it only for as long as is necessary for our operational needs.

Title:	<input type="text"/>	Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>				
Postcode:	<input type="text"/>	Date of birth:	<input type="text" value="d d / m m / y y y y"/>		
Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>		
Email:	<input type="text"/>				
Name of GB group:	<input type="text"/>				
Signed:	<input type="text"/>	Date:	<input type="text" value="d d / m m / y y y y"/>		

Medical details of person attending the event:

Name of event/activity:	<input type="text"/>	National Health Number:	<input type="text"/>
Event/activity dates – From:	<input type="text" value="d d / m m / y y y y"/>	To:	<input type="text" value="d d / m m / y y y y"/>

Details of GP's name, telephone number, GP surgery name and address:

Is the participant up-to-date with immunisations ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the participant been in contact with any communicable diseases in the past three weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the participant have any allergies/sensitivities/specific dietary need ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the participant have any illnesses or disabilities which may affect this event/activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the participant currently taking medication /currently receiving medical treatment ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the participant self-medicate ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Medical details of person attending the event (continued):

If the answer to any of the above is Yes, please give full details here and add any further information the event team should have regarding the participant's health and wellbeing:

In case of need, I give permission for the participant to be given any appropriate medication except:

Please label all medication with participant's name and provide clear instructions for use. If inhalers or EpiPens are used, ensure a spare is brought to the event.

Does your child have permission to swim?

Yes

No

How far can they swim?

Do you give permission for images (photographs/videos) of your child engaged in GB activities to be used for publicity purposes by the local GB group and GB nationally (church magazine, GB magazine, local newspaper, social media, GB website etc.)? Care will be taken to ensure that names of individuals are not given out.

Yes

No

Girls' Brigade needs your child's sensitive information to make sure that we look after their well-being when taking part in GB's activities. GB respects personal privacy and only GB leaders, on a need to know basis, will see the information you give. We won't share information with third parties without asking you, except in certain circumstances required by law, a regulatory requirement or to safeguard a child or young person.

When your child's membership becomes inactive we'll archive the information in line with our data protection policy. You have the right to ask for a copy of all data we hold about your child. This is known as a subject access request (SAR). You also have the right to withdraw your consent for us to use any data or to ask us to stop using data, which we have to comply with within a reasonable period.

I authorise the leaders and first aiders at this activity to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I agree to GB collecting, storing and using the sensitive information I have provided.

Signed by parent/guardian/GB member (if 16 or over):

Date:

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Emergency contacts:

Provide names and contact details of two people who will be contactable during the event/activity.

Contact one:

Title:	<input type="text"/>	Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>				
Postcode:	<input type="text"/>	Relationship:	<input type="text"/>		
Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>		
Email:	<input type="text"/>				

I agree to GB collecting and storing this data in order to contact me in the event of an emergency concerning the GB member this form is for.

Signature: Date:

Contact two:

Title:	<input type="text"/>	Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>				
Postcode:	<input type="text"/>	Relationship:	<input type="text"/>		
Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>		
Email:	<input type="text"/>				

I agree to GB collecting and storing this data in order to contact me in the event of an emergency concerning the GB member this form is for.

Signature: Date:

For leaders' use:

Notes: