



## Annual Consent Form (page 1 of 3)

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

Tel: 01246 582322 | Email: [gbc0@gb-ministries.org](mailto:gbc0@gb-ministries.org) | Web: [www.girlsb.org](http://www.girlsb.org)

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

To be completed annually to ensure emergency contact information is held for all members. In the case of under 16s, this form should be completed by parents/guardians and returned to the local GB leader as soon as possible.

### Personal details of young person:

*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:  Name:  Surname:

Address:

Postcode:  Date of birth:

Name of GB group:

Signed:  Date:

### Personal details of parents/guardians:

Title:  Name:  Surname:

Address:

Postcode:  Date of birth:

Telephone number:  Mobile number:

Email:

I'm happy for my child's GB leader to store my telephone number on her personal mobile and/or the group mobile phone. Yes  No

Signed by parent/guardian:  Date:

### Medical details of young person:

Name, address and telephone number of GP:



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Details of any medical condition, allergies or special diets that leaders should be aware of (including any medication that may be needed whilst at GB):

Details of any particular/additional needs your child has of which we should be aware:

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 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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### Authorisation:

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

I certify that the above information is correct to the best of my knowledge and undertake to notify the leader in charge of any changes. I give permission for my child to attend and take part in the group's normal activities and outings.

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.

Signed by parent/guardian:

Date:

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### Emergency contacts:

Provide names and contact details of two people who will be contactable during the group's normal activities and outings.

#### Contact one:

Title:  Name:  Surname:

Address:

Postcode:  Relationship:

Telephone number:  Mobile number:

Email:

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:  Name:  Surname:

Address:

Postcode:  Relationship:

Telephone number:  Mobile number:

Email:

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:

Valid from:   New form received

Notes: