

EMERGENCY CONTACT FORM

FOR BATTALION/DISTRICT/REGIONAL EVENTS OR ACTIVITIES

This form MUST be completed by ALL leaders and those over 18's not accessing the organisation as a young person. This is to ensure that we have up to date personal information including medical and emergency contact details for all those participating in the event/activity.

This form should be completed and returned to the Event/Activity Lead as soon as possible.

Please complete in BLOCK CAPITALS. Boxes marked with a * are compulsory.

Part A - Event Details

It is advised that participants make a note of the details below:

Event/Activity:*	<input type="text"/>		
Location:*	<input type="text"/>		
Start Date/Time:*	<input type="text"/>	End Date/Time:*	<input type="text"/>
Proposed Activity(ies):*	<input type="text"/>		
Event/Activity Lead (name):*	<input type="text"/>		
Event/Activity is being run by (Battalion/District/Region):*	<input type="text"/>		

Part B - to be completed by Participant

Personal Details

Please complete details below:

Surname:*	<input type="text"/>	First Name:*	<input type="text"/>
Date of Birth:*	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		
Address:*	<input type="text"/>		
Town:*	<input type="text"/>	County:*	<input type="text"/>
		Postcode:*	<input type="text"/>

Medical Details

Doctor/Surgery:*	<input type="text"/>	Surgery Address:*	<input type="text"/>
Surgery Phone:*	<input type="text"/>		

Do you have any allergies?* ☐ No ☐ Yes (please provide details below)

Do you have any illnesses or disabilities relevant to this event/activity?* ☐ No ☐ Yes (please provide details below)

Are you currently taking medication?* ☐ No ☐ Yes (please provide details below)

Do you self-medicate?* ☐ No ☐ Yes

Have you been immunised against tetanus within the last five years?* ☐ Yes ☐ No

Please give details of any additional medical/health information the Event/Activity Lead should be aware of:

Emergency Contact Details

Please provide details of the primary contact (next of kin) and an additional emergency contact who will be contactable at all times during the event/activity:

Primary Contact*

Title:* First Name:* Last Name:*
Relationship to Participant:* Phone:* Mobile:*

Emergency Contact*

Title:* First Name:* Last Name:*
Relationship to Participant:* Phone:* Mobile:*

Consent

As a participant you are required to read and agree to all the following statements:

- ☐ I consent to attend and take part in the event/activity(ies) stated overleaf.
- ☐ I confirm that the information provided is correct to the best of my knowledge and undertake to notify the Event/Activity Lead of any changes.
- ☐ I understand that in the event of any illness or accident, every effort will be made to contact my Primary/Emergency Contacts.

Photo Consent*

During this event/activity we may take photos and/or videos and need to obtain your consent for this; please tick ONE of the options below:

- ☐ I am happy for photographs/videos to be taken during this event / activity and used at all levels within The Boys' Brigade for publicity, communications and publications including social media.
- ☐ I do not wish any photographs/videos to be taken of me whilst I am participating in this event / activity.

Signed:

Name:*

Date: / /

Should you have any questions regarding this form or any other matter please speak to the Event or Activity Lead.

For more information about The Boys' Brigade and our policies & regulations visit our website at [boys-brigade.org.uk](https://www.boys-brigade.org.uk)

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Registered Address: Felden Lodge, Hemel Hempstead, Herts, HP3 0BL.

Event/Activity Lead Use

Form received: ☐ ☐ / ☐ ☐ / ☐ ☐

This form should be retained and stored securely for a period of 6 months following the event.