## **ABKA Annual Consent Form**

## PLEASE NOTE that ABKA have adopted the BBKA

"Safeguarding Children, Young People and Vulnerable Adults Policy"

Adopted by their Executive Committee 16<sup>th</sup> March 2024



Name of Group: Aycliffe Beekeepers Association

Normal venue: St Oswald's Apiary

Normal meeting: Monday Evening 18:00hrs onward

Name of leader: Tony Lamb (Apiary Manager)

Contact details of leader: 07989 303845

NOTE: Parent/carer should retain a copy of the information in this section

1. ABOUT YOU  Name:  Date of birth:	Preferred name (if different):
2. PARENT/CARER'S DETAILS Name: Address:	
Telephone number: Email:	Alternative number:

3.	<b>EMERGENCY CONTACT DETAILS (person</b>	to contact if parent/carer above is not available
Nar	me:	Relationship:
Add	dress:	

Main telephone number: Alternative telephone number:

a.	PERMISSIONS
	What is the normal arrangement for dropping off and collecting your child? collecting:
b.	I am happy for photos/videos to be taken of my child during normal group activities for use within publicity and communications (including website or social media) YES/NO (please delete one)
C.	I am happy for my child to be given first aid or urgent medical treatment during any trip or activity. YES/NO (please delete one)
5.	MEDICAL CONDITIONS AND FURTHER INFORMATION
	lease attach additional information to this form if needed) tails of any allergies or medical conditions
	tails of any <b>dietary requirements, disabilities</b> or <b>additional needs</b> that might affect your child's rticipation
ls t	there any additional information that we need to be aware of?
7.	SIGNATURE OF PARENT/CARER
Sig	nature: Date:

Please note that it is the parent/carer's responsibility to inform the group leader of any changes to the above

information, particularly in regard to contact details and medical information. All information provided on this form will

be stored securely in line with the General Data Protection Regulation 2018.