

North West Kent BSAC 0489
Branch Activity Consent for members under 18



Members Name

Address

Post code

Contact numbers for all Parents/ Guardians

Name

Tel /no..... Mobile no.....

Name

Tel /no..... Mobile no.....

Does he/she take regular medication ? YES / NO
If so give details.

Dive plan / Branch activity

Date

Dive Site / Place

Dive Plan / Information

Start Time

Finish Time

I agree to transport my daughter/ son to and from the Dive site / Activity.

In the event of a member attending a social activity event where alcohol is present, the Parent/Guardian must be present at all times.

While I appreciate that every attention will be given to personal safety, in the event of an accident, I permit BSAC 0489 to authorise any medical treatment which they believe necessary.

Signed

Print name

Date

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DIVING OFFICER BEFORE THE PLANNED ACTIVITY.

If the Diving Officer is not in receipt of this form your daughter/son cannot Dive or take part in any branch Activity.

I grant permission for to take part in the above branch dive/ activity.

Authorised by

Signed

Date

Diving Officer
North West Kent BSAC