

# The Boys' Brigade Queensland State Soap Box Derby Consent Form

The Boys' Brigade Queensland will be conducting a Soap Box Derby. Details are as follows:

|                                     |                                     |               |  |
|-------------------------------------|-------------------------------------|---------------|--|
| <b>Day and Date:</b>                | Saturday 30 October 2021            | <b>Group:</b> |  |
| <b>Purpose of the activity:</b>     | Soap Box derby                      |               |  |
| <b>Location:</b>                    | Silky Oak Picnic Ground, Mt Coo-tha |               |  |
| <b>Activities to be Undertaken:</b> | Soap box practice and races         |               |  |
| <b>Cost:</b>                        | \$4 per racer                       |               |  |

## Consent:

- I have provided the The Boys' Brigade Queensland with all current information relating to ..... including any special medical management details; details of all known allergies (drugs, foods, insects, etc) and allergic reaction management forms; details of recent operations or injuries; details of current prescription medication and administration; and any special dietary requirements. I will also ensure that he has sufficient medications (if required) for the duration of the activity.  
(Any changes to the medical information currently held by the Group – particularly recent sicknesses or injuries or changes in medications - MUST be advised on a supplementary medical form).
  - Are there any changes to the information currently held? **YES/ NO** (Circle one)
- I am aware that this activity may be challenging both physically and emotionally and realise that, in spite of the planning processes of the group, members may experience situations where they encounter unpredictable and unforeseen risks and acknowledge, despite precautions and supervision, accidents may happen.
- In addition **I DO / DO NOT** (please circle one choice) give my consent for my self / my child to appear in any photograph, video or sound recording produced during this activity which may be used by The Boys' Brigade Queensland for promotional purposes.
- ✓ I give my permission for \_\_\_\_\_ (**name**) to attend and take part in the activities or event described above. I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorise any Leader to sign on my behalf, any written form of consent required by medical providers (including the administration of anesthetic if required) and accept all associated costs.  
[I understand that the information collected on this form will be used for the purposes of fulfilling the Boys' Brigade Australia's objectives and duty of care for my child and will be treated securely and not be passed on for commercial purposes.]

**Signature:** ..... **Relationship to Boy:** .....

**Date:** ..... **Emergency Contact No.:** .....

*Information on privacy policy can be obtained from:  
The Boys' Brigade Queensland State Office*