



Andover Town Band

Section 3: Photography

I hereby give consent for the band to take and use photos of myself / my child for marketing and promotion purposes, including publishing on the band website and social media.

Signature: _____

Print Name: _____

Section 4: Emergency Contact Details and Medical Information

Emergency Contacts:

Please provide two people who we can contact in the case of an emergency:

Name: _____ Relationship: _____

Contact Number 1: _____ Contact Number 2: _____

Name: _____ Relationship: _____

Contact Number 1: _____ Contact Number 2: _____

Medical Information:

Please give details of any medical conditions / health matters / allergies that might affect you / your child whilst taking part in activities, including any medications (**if there is no information, please write 'none'**):

It may be essential at some time for authorised persons acting on behalf of the band to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident. Please sign below if you give your consent to emergency treatment being given to the named member on this form by trained personnel.

For members under 16 years of age a parent/legal guardian must sign here.

Signature: _____ Print name: _____

Please also remember to notify the Welfare Officer if there is any change in medical condition.

This information will be stored securely and only used by band personnel in order to make contact with you for band related business.