



Family information form

Contact information

Child's name

Gender **Male / Female**

Date of Birth

Child's address

(House Number/Name, Street, Postcode)

Parental Name

Parental contact telephone number 1

Parental contact telephone number 2

Parental Email Address

Alternative contact name (please state relationship)

Alternative contact telephone number

Photography

On occasions, photographs and videos of Scouts participating in activities are taken for a variety of uses. These may be submitted to the local newspapers, the Group, District or County newsletters and websites, or put on display. We cannot, however, control what photographs are taken by others. If you have any concerns, please contact a Leader to discuss further.

Medical information

Please list any medical conditions, allergies or special requirements your child has (full information on the appropriate way to cater for these should also be given to your child's Leader):

Please give details of any special dietary requirements your child has:

Doctor's Name and Contact Details

Child's NHS Medical Number

Further Information

Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing?

Yes / No

Consent Forms

To help you we intend to use this information to pre-print relevant activity consent forms.

If you **do not** want the information to be used in this way then please tick the box:

☐

Data Protection

I understand the information given will be held and used in accordance with the Data Protection Act 1998 in connection with my child's membership of the Scout Movement in the United Kingdom. I give explicit consent to the holding of information on my child's health, disabilities, religion/faith and race/ethnic origin.

Signed:

Date:

Relationship to young person: