

## ESSENTIAL INFORMATION

To ensure that your child can take part in Scouting safely, please provide some essential information by completing and signing this form. **Return the completed form and the Health Information Form to the Section Leader.** The information you supply will be held in strictest confidence.

SCOUT'S DETAILS		
Name		
Address		
Postcode		
Telephone	Day:	Evening:                      Mobile:
Email		
Date of Birth		Gender: Male / Female*

\*delete as appropriate

EMERGENCY CONTACT		
Please give details of where you can normally be contacted in an emergency during a weekly meeting		
Name		
Address (if different from above)		
Postcode		
Telephone	Day:	Evening:                      Mobile:
ALTERNATIVE CONTACT Eg grandparent, neighbour		
Name		
Relationship to Scout		
Address		
Postcode		
Telephone	Day:	Evening:                      Mobile:

### SCOUT PUBLICITY

Sometimes photos and video images of Scouts taking part in activities are submitted to local newspapers, the Group, District or Area newsletters and websites or put on display for publicity purposes. Please indicate if you are happy for images of your child to be used in this way. Yes  No

Name of Parent or Carer		
Signature		Date

# ADDITIONAL INFORMATION

SCOUT'S DETAILS		
Religion		
School		
Other interests outside Scouting		
Previous Scouting	Beaver Scout Colony:	Years attended:
	Cub Scout Pack:	Years attended:
BROTHERS & SISTERS		
Name		Date of Birth
Name		Date of Birth
Name		Date of Birth

## GIFT AID

I would like the Scout Group / District / Area to treat all payments I make from 6 April 2000 in respect of member subscriptions and other donations for the Group / District / Area as Gift Aid donations.

Name of Parent or Carer		
Signature		Date

Notes: 1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for each £1 you give). 2. You can cancel this declaration at any time by notifying the Scout Group. 3. Please notify the Scout Group if you change your name or address.

## YOU CAN JOIN THE ADVENTURE TOO!

It would be far easier providing quality Scouting for your son or daughter if we have your support. You may think that you have nothing to offer, but you'd be surprised! Please fill in this form and if we need your help, we'll be in touch. We must make Criminal Records Bureau checks for any adults who have contact with young people.

Name of Parent/Carer 1		
Occupation		
Hobbies/Interests/Skills		
Name of Parent/Carer 2		
Occupation		
Hobbies/Interests/Skills		
I would be willing to help with the following... (please tick those which apply)		
	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
Transport		
Occasional meetings		
Outdoor activities		
Camps		

## HEALTH INFORMATION FORM

This form (both sides) is to be completed by the parent or carer of the young person named below. Please answer the following questions as fully as possible. In the event of your son/daughter requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

(Please complete in BLOCK CAPITALS)

SCOUT'S DETAILS	
Surname	Date of Birth
Forenames	National Health Service No
He/she may bathe under careful Supervision    Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection

Parent/Carer's Address ..... ..... .....	Family Doctors Name and Address ..... ..... ..... Telephone
Postcode	
Telephone	
Mobile	

If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scout Leader (or in their absence one of the assistant leaders), to sign any document required by the hospital authorities

**I will immediately inform the Scout Leader if any information changes and fill in a new form with updated information\***

\*Please ask the Scout Leader to see this form to check details if unsure if it is up to date – especially before camps or activities

CONSENT		
Name of Parent or Carer		Relationship to young person
Signature		Date

**SUGGESTED TREATMENT**

Please fill in which minor treatment you usually use/precautions you usually take in event of the following. The Scout Leader (or in their absence one of the assistant leaders) may administer the appropriate minor treatment/precautions (as listed below) if required.

Headache:

Stomach Upset:

Cuts & Grazes:

Colds etc:

Other Specific Ailments:

(Please continue below if required)

**OTHER DETAILS**

In the space below please give details of the following:-

1. Any known infectious diseases with which your son/daughter (named overleaf) has been in contact within the last three weeks (e.g. chicken pox, diphtheria, measles, mumps, rubella, whooping cough etc.)
2. Any known allergies/sensitivities/disabilities and details of any known precautions or remedies (e.g. Penicillin, food colourings, travel sickness, bed-wetting, asthma etc.)
3. Details of any medicines/diets/treatments currently being taken/followed (including dosage details) & the specialist and hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines).

(If he/she has to take any medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed in to the Scout Leader or first aider before departure)

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Please continue on a separate sheet if required (Remember to include your son/daughter's name on any separate sheets and attach them securely to this form)

**DIETARY REQUIREMENTS**

Please list any dietary requirements (vegetarian, nut allergy etc):

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# CAMP KIT LIST

This is the standard kit list for weekend camps. Please keep a copy of it safe, as we will not continually re-issue it. If we ever need you to bring anything more or less than this, we will let you know.

Please make sure your child brings EVERY item on this list. Doing so will make their camping experience much more comfortable.

- uniform (to be worn to travel to camp)
- rucksac to put kit in
- small daysac for trips out
- sleeping bag
- insulation mat (Karrimat, Thermarest etc)
- cutlery, plate, bowl, mug
- changes of socks / underwear
- changes of clothing
- spare footwear
- warm coat / fleece etc
- waterproofs (top & bottoms)
- warm hat & gloves or sun hat & sun lotion
- boots (wear so there's more room in rucsac)
- wash kit
- towel
- tea towel
- torch plus spare batteries & bulb
- water bottle
- small tripod type stool (OK strapped to outside of rucsac)

**50-litre rucsac**



**Compression sack**



## PLEASE: We don't want to see...

- ★ Sleeping bags loosely rolled up in bin bags!
- ★ More than two bags
- ★ Things dangling off rucsacs
- ★ Loosely rolled insulation mats
- ★ Pillows! No need for them, Scouts can use their coat or a jumper

## We'd rather see...

- ★ Sleeping bags tightly rolled up, in a compression sack (see picture) and inside rucsac
- ★ Everything in one suitably sized rucsac (about 50 litres)
- ★ Mats tightly rolled (you should only just be able to get your finger into the hole in the middle) and strapped to side of rucsac

## We recommend...

- ★ Kit is labelled or engraved to it's less likely to get lost
- ★ Packing the things you need last, first and first, last
- ★ Packing heavier things at the top
- ★ Have a look at <http://www.scoutbase.org.uk/library/hqdocs/facts/pdfs/fs315084.pdf>



**AS SCOUTS GET OLDER, THEY SHOULD LEARN TO PACK THEIR KIT THEMSELVES!**