

# ESSENTIAL INFORMATION

Form expires (off. use only)

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

## CHILD'S DETAILS

Name	
Address inc postcode	
Date of birth	

## CONTACTING YOU

Home phone number	
Mobile number that we can text information to*	
Alternative contact number (eg grandparent)	
Email address	

## OTHER INFO

Child's religion	
School	
Can they swim 50m and tread water?	Yes/No

## PREVIOUS SCOUTING

Beaver Scouts	Joined: (Month)	(Year)	Years attended
Cub Scouts	Joined: (Month)	(Year)	Years attended

## BROTHERS & SISTERS

Name		Date of birth	
Name		Date of birth	
Name		Date of birth	

## SCOUT PUBLICITY

Sometimes photos and video images of members taking part in activities are submitted to local newspapers, Scout newsletters and websites or put on display for publicity purposes. Please indicate if you are not happy for images of your child to be used in this way by ticking this box

## GIFT AID

I would like the Scout Group to treat all payments I make from 6th April 2000 in respect of member subscription and other donations to the Group as Gift Aid donations

Name of parent or carer			
Signature		Date	

<b>YOU CAN JOIN THE ADVENTURE TOO!</b>	Parent or carer 1	Parent or carer 2
Name		
Occupation		
Interests/skills		
Able to help with transport?	Yes/No	Yes/No
Able to help with occasional meetings	Yes/No	Yes/No

## HEALTH INFORMATION

Name of GP		Phone	
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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):

*Continue on separate sheet with child's name if necessary*

Please give details of any dietary requirements your child has:

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 Leader (or in their absence one of the assistant leaders), to sign any document required by the hospital authorities

Name of parent/carers		Relationship to child	
Signed		Date	

**Please inform the Leader immediately if any information changes  
We will ask for a new form to be filled out annually**