



# 109<sup>TH</sup> SCOUT GROUP

@ LOWE MEMORIAL

## CONTACT INFORMATION FORM

*This form will be the only form you fill in for your son / daughter, please inform us immediately of any changes to any of the information you provide.*

ALL FIELDS TO BE COMPLETED.

Name of Child: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

School name: \_\_\_\_\_ Class / Year: \_\_\_\_\_

Religion or Faith: \_\_\_\_\_ *(Christian – includes all denominations, Jewish, Sikh, Atheist etc)*

Ethnicity: \_\_\_\_\_ *(White, Mixed, Asian, etc)*

Nationality: \_\_\_\_\_ *(Optional)*

Parent/Guardian – *Primary / Emergency Contact*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian – *Additional Contact (in case primary unreachable)*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

*We will automatically send emails to both emails unless told otherwise, tick here if you only want us to use primary email address*

### Medical Details

Doctor / Surgery: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Additional needs / Disabilities: \_\_\_\_\_

Do you have another child in the Group? Yes / No

*(please state name and section) this helps us keep track of siblings in different sections of the group*

Name(s): \_\_\_\_\_ / \_\_\_\_\_ Section(s): \_\_\_\_\_ / \_\_\_\_\_

I Confirm that all the above information provided is correct and can be used to contact myself or a relative in the event of an emergency or other circumstances.

- If it is deemed necessary for the above young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my consent to any necessary medical treatment and authorise the leader in charge to sign any document required by medical authorities.
- I agree that my son / daughter can be photographed while taking part in Scouting Camps, Activates and Events. *If you wish to opt out of this please tell us.*
- I agree that I will contact the leader of the section my son / daughter is part of to inform them of any changes to contact details as soon as possible.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_