



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

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

Town: \_\_\_\_\_ County: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

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

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

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

### **Primary Contact 1** (usually parent / guardian / carer)

Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

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

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

### **Primary Contact 2** (usually parent / guardian / carer)

Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

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: \_\_\_\_\_ Surgery Number: \_\_\_\_\_

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

**Details of any medical conditions, allergies or dietary requirements** we should be aware of:

(including any medication needed whilst at The Scouts) \_\_\_\_\_

\_\_\_\_\_

**Additional needs** (Please provide details of any particular / additional needs leaders should be aware of):

\_\_\_\_\_

**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.**

### **By signing this form I agree and consent to the following:-**

- 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 give permission for my child to participate in bonafide scouting activities in The Scouts (The Scout Association).
- I am happy for photographs/videos to be taken of my child during Scouting activities and used at all levels within The Scouts (The Scout Association) for publicity, communications and publications including social media. If you have any objections please confirm this in writing to your child's Section Leader.
- 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.

### **Data Protection**

All personal information (including sensitive data) is held in accordance with the General Data Protection Regulations (GDPR). Personal data is held securely on this form and within Online Scout Manager (Online database system). You have the right to ask for a copy of all data we hold about your child, this is known as a SAR. We take data protection seriously and further information about how we collect, process & retain personal data is provided in our GDPR Privacy Notice.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Date: \_\_\_\_\_