

Personal Details

To ensure that your child can take part in scouting safely, please provide the details below are correct and sign where necessary. The information you supply will be held in accordance with our Privacy Policy and only used for Scouting purposes until the Young Person leaves at which point it will be destroyed/deleted from our records.

Young Persons Information and Communication

Full Name of Scouter: _____ D.O.B: _____

Parents E-mail Address: _____

To ensure that your child can take part in scouting safely, please ensure the details below are correct and sign where necessary. The information you supply will be held in strictest confidence and only used for Scouting purposes.

Medical Information:

<u>Medical Conditions</u>	<u>Allergies / Dietary Requirements</u>	<u>Major Surgery in Last 6 Months</u>

(If more space is required use back of sheet)

GP's Address: _____

GP's Telephone Number: _____

Parents/Guardians Information

Emergency Contact / Next of Kin

Name: _____ Relationship: _____

Address: _____

Tick box if this is main address of the young person

Home Number: _____ Mobile Number: _____

E-mail Address: _____

Personal Detail Cont.

Second Point of Contact

Name: _____ Relationship: _____

Address: _____

Tick box if this is main address of the young person

Home Number: _____ Mobile Number: _____

We use a third-party system called Online Scout Manager (OSM) to store Personal Information and to keep track of badge work and attendance during your Young Persons membership at our Group. We will use the above information to set up an account on OSM and send you e-mails which will allow you to log in and update your personal information as well as consent to upcoming events planned by Our Leaders. We will use your E-mail (directly/ via OSM) as our primary method of updating you about our programme, events and any other information deemed necessary for the safety and engagement of your young person within our group.

Please tick the boxes below if you would like us to e-mail you about any of the additional information:

- Changes to the Scout Group Group Scout Council/ Executive Committee Information
- Group Development Plans Newsletters

Scouting Publicity

Sometimes photos and video images of Young People taking part in activities are taken for publicity purposes, we will only use these in the way you have consented below and in accordance with The Scout Association Guidelines, however we can not take responsibility for picture taken by District, County, Parents or members of the public.

Local Newspapers

Yes No

Group, District or County Newsletters

Yes No

Local Scouting Displays

Yes No

Group, District or County Social Media & Websites

Yes No

General Medical Consent

If it becomes necessary for your son/daughter to receive medical treatment and you cannot be contacted by telephone or any other means to authorise this, do you give general consent to any necessary medical treatment and authorise the Group Scout Leader (or in their absence a delegated Leader), to pass on relevant information and sign any document required by the hospital authorities. *

Yes No

Name of Parent/Guardian: _____

Signature: _____ Date: _____

* The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor / nurse insisting on the consent of a parent to a particular treatment has the right to do so. At the same time it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by the medical authorities.