

INFORMATION IN CONFIDENCE – To be returned to the Group Scout Leader

ESSENTIAL INFORMATION

To facilitate your child taking part in Scouting safely we ask parents for some essential information by completing and signing this form. Return the completed form to the Section Leader. The information you supply will be held in strictest confidence.

* Beaver / Cub / Scout Details						
Name						
Address						
Postcode						
Telephone	Home		Mum Mobile		Dad Mobile:	
	Other 1		Other 2		Other 3	
Email						
Date of Birth					Gender *	Male / Female

* delete as appropriate

To help Leaders prepare and provide appropriate support, please give details of any medical condition (e.g. allergies, asthma, diabetes, epilepsy), disability or special educational needs of your child: **(Provide separate sheet if necessary)**

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Please give details of any special dietary requirements, including food allergies: **(Provide separate sheet if necessary)**

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EMERGENCY CONTACT

Please give details of where you can normally be contacted if an emergency happens during a weekly meeting

Name (Parent / Guardian)			
Address (if different from above)			
Postcode			
Telephone		Mobile:	
ALTERNATIVE CONTACT			
Name			
Relationship <small>(e.g. grandparent, neighbour)</small>			
Address			
Post Code			
Telephone		Mobile:	

SCOUT PUBLICITY

On very rare occasions, we use photographs and video images of Scouts taking part in activities or fundraising events are submitted to local media and used to promote the group for Scouting purposes. This may include newsletters, our website or facebook group (Closed only available to group members) and other publicity material. If you have any objections please indicate that you are not willing for your child's image to be used in this way by ticking the box

Name of Parent / Guardian			
Signature		Date	

In order to help Scouting provide effective activities and opportunities for all sectors of society and to help it to measure whether it reflects the local community, The Scout Association annually asks for information on the ethnic origin of its Members. To help the Group Scout Leader provide this information accurately please tick the appropriate box indicating your child's ethnic origin:

- White
 Mixed or multiple ethnic groups
 Asian, Asian Scottish or Asian British
 African
 Caribbean or Black
 Other ethnic group

Name of Parent / Guardian			
Signature		Date	

YOU CAN JOIN THE ADVENTURE TOO!

If you feel you might be in a position to help support young people in an adult role at meetings and / or events please indicate as follows:

Name of Parent / Guardian			
Signature:		Date:	
I can help at meetings			
<input type="checkbox"/> Once a month <input type="checkbox"/> Once a term <input type="checkbox"/> More regularly <input type="checkbox"/> Never			
I can occasionally help with			
<input type="checkbox"/> Transport <input type="checkbox"/> Activities <input type="checkbox"/> Camps/Sleepovers <input type="checkbox"/> Administration <input type="checkbox"/> Working Party <input type="checkbox"/> Other			
I can share the following skills, interests and resources			
Full Name			
Contact details if different from above.			