



4TH EWELL (NONSUCH) SCOUT GROUP MEMBER INFORMATION



All sections of this form should be completed, write "NONE" if a section does not apply. Please complete all sections using CAPITAL LETTERS

1. Member's Details

Surname

First names

Home address

Postcode

Section (Beavers/Cubs/Scouts/Explorers)

Date invested

School

Home telephone number

Mobile telephone number of member (leave blank if none)

Email address of member (leave blank if none)

Date of Birth

Sex (M/F)

Ethnic origin

Religion

2. Parent(s)/Guardian(s) Details

Mother/Guardian

Title

Surname

Forename

Occupation

Emergency contact number (eg. mobile phone)

Email Address (providing this saves paper and postage costs)

Father/Guardian

Title

Surname

Forename

Occupation

Emergency contact number (eg. mobile phone)

Email Address (providing this saves paper and postage costs)

Member lives with: (Tick or cross)

Mother

Father

Guardian(s)

3. Hobbies, Interests and Skills

Can your child swim 50m and tread water? (Tick or cross)

List any specific hobbies, interests and skills **your child** has

List any hobbies, interests and skills **you and your partner** have.

Time available per week/month/year to assist with the Group.

4. Medical Information and Consent

Known allergies (eg penicillin, nuts)

Known health problems or special needs (e.g. asthma, epilepsy). Please give details of precautions, remedies etc.

Date of last tetanus immunisation

Special dietary requirements (eg. for religious reasons)

Doctor's name and address

Doctor's telephone number

NHS number (if known)

If it becomes necessary for my child to receive emergency medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

I give general consent for my child to take part in all scouting activities. I acknowledge that my child may be transported to or from activities in Group owned vehicles, Leader's or parent's cars, hired vehicles or on public transport. I accept liability for any damage to property or equipment caused by my child, and I understand that the Leader in Charge reserves the right to send any participants home if necessary.

Sometimes photo and video images of Scouts taking part in activities are submitted to the local media, District or County newsletters and websites or put on display, and I give my general consent for this.

I accept that 4th Ewell (Nonsuch) Scout Group will be keeping information about my child's membership of the Scout Movement for Scouting purposes in accordance with the Data Protection Act 1998. No information held will be shared with third parties outside of Scouting without prior written consent. I will inform the Group immediately of any change to the above information.

This permission is valid until my child leaves the Scout Movement.

5. Signature and Date

Name

Signature (Parent/Guardian)

Date

*Note: The medical profession takes the view that 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 particular treatment has the right to do so. For this reason we do not insist on parents signing the statement above. However, 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 medical authorities. Please delete this part of the statement if you do not wish to sign it.