

Keswick Scout Group - Personal Information & Parental/ Guardian Permission Form

First Name(s) _____ Surname _____

Home Address _____

_____ Post Code _____

Email _____ Home Tel. _____

Date of Birth _____ Able to swim 50 metres unaided? Yes / NO *

Name of Primary Contact (Parent or Legal Guardian) _____

Address _____ Tel. _____ (if different from above)

If a second primary contact is required, please fill out on back or on a separate form

Doctors Name _____ Tel. _____

Surgery Address _____

Please detail any continuing medical conditions or dietary requirements *below i.e. Asthma, Epilepsy, Dyslexia, Asperger's, Allergies, Intolerances, food requirements etc. and any medicines taken / used on a regular basis: -*

_____ *Please use a separate sheet if required.*

On occasion, photographs, videos and audio of Scouts taking part in activities may be submitted to the local newspapers, the Group, District or County newsletters, websites or put on display. If you have any objections, please indicate you are not willing for your child's image to be used in this way by ticking the box.

We cannot however guarantee that other parties will abide by this, particularly when outdoors and on camp.

EMERGENCY CONTACT DETAILS *other than primary contact*

Contact Name _____ Address _____

Home Tel _____ Work Tel _____ Mobile _____

Relationship to young person _____

Please indicate which of the following medicines can be administered by a Leader if a minor illness / accident occurs and a parent / guardian is not present: -

Paracetamol YES / NO * Dressings for cuts YES / NO * Antiseptic cream YES / NO *

If necessary other medications / treatments may be used, please indicate above if there is anything we may not use.

In an emergency where my child needs urgent medical treatment I authorise any Scout Leader to act on my behalf. I understand that all information will be treated in the strictest confidence and will inform the appropriate Leader if any of the above information / detail changes.

Signature _____ (Parent/Guardian) Date _____

Print Name _____