

5th Douglas Scouts

Members Information

Name:	Date joined: / /
Home address:	Date of birth: / /
	Faith:
Parents/Guardian's name(s) & telephone number(s)	Nationality:
Name:	Numbers:
E-mail address:	
Name:	Numbers:
E-mail address(s):	
Other emergency number (if unable to contact parents)	Number:
Doctor's name/practice:	Number:
NHS Number:	
Has he/she been immunized against Tetanus y/n	Date if known:
Does he/she have any allergies to food/medicines etc (if yes, please specify)	School:
Does he/she have any special dietary needs? (if yes, please specify)	Hobbies & interests:
Does he/she have any special needs? (if yes, please specify)	Lodge/Six/Patrol:

Photo permission

Sometimes photos and video images of Scouts taking part in activities are submitted to the local newspapers, Group, Island Scouting Publications, Scouting Websites, or put on display.

When providing photographs for publication, it is worth noting that first names or 'Members of 5th Douglas Scout Group' are recommended as captions. Your child will not have their full name used in conjunction with a photograph unless specific permission is obtained on each individual occasion. Please indicate your wishes regarding images of your child being used.

I DO/DO NOT give permission for photo and video images to be taken of my child.

I give my general consent to my child taking part in regular weekly and weekend meetings and the activities that those meetings involve. I understand that all meetings and activities are run according to the rules and guidelines of the UK Scout Association, and that some activities and camps may need additional parental permission for my child to participate.

I accept that the Scout Group will be keeping information about my son's/daughter's membership of the Scout Movement for Scouting purposes.

I give explicit consent to the holding of information on my Son's/Daughter's health and disabilities, again for Scouting purposes.

Signed..... Date.....