



1st Barford Scout Group

Annual Membership Registration Form and Medical Details

It is important that we hold certain information about you and your child. To ensure that our records are correct and up-to-date, please complete this form and return it at the next meeting.

ALL INFORMATION IS FOR SCOUTING USE ONLY AND IS STORED UNDER THE PROVISIONS OF THE DATA PROTECTION ACT.

Current section: Beavers / Cubs / Scouts (delete)

Date of Birth _____

Child's first name _____

Family name _____

Correspondence to be addressed to: Mr / Mrs / Mr and Mrs / Ms (delete)

Home address

Postcode _____

Telephone number _____

Mobile phone number _____

Emergency contact number during meetings _____

E-mail address _____

Does your child live permanently with both parents at the above address? YES / NO

If NO, please advise us of any arrangements about which you would like us to be aware

If one parent is non-resident, should they also receive information and correspondence?
YES / NO (delete)

Alternate address _____

Postcode _____

Current school _____

Religion _____ Ethnicity _____

Family Doctor's name or surgery _____

Surgery address _____

Postcode _____

Surgery telephone number _____

NHS number _____

Date of last tetanus injection: ___ / ___ / ___ (dd/mm/yy)

Details of any special requirements your child may have.
Please give details of any known allergies, sensitivities or special dietary requirements and details of any known precautions, medication or advice. Or disabilities or special needs requirements that may affect your child's involvement in Scouting. _____

**I give my explicit consent for information on my child be held for Scouting purposes.
I understand the information will not be passed on to any third party.**

Name of Child _____

Parent signature _____

Name of Parent _____

Date _____