

North Banbury Scout Group

PERSONAL INFORMATION FORM

(young person.)

In order for us to give your child the best possible Scouting and to ensure that our records are up to date, we would like you to complete and return this form.

This information will help us to understand and support your child. All information you supply will be treated as confidential and only used by the Section Leaders, unless it is in the interest of your child that others should be made aware (i.e. Nut allergies, Diabetes, Epilepsy)

If at anytime you either change address or there is a change in your child's welfare please let us know as soon as possible. Each year we will ask you to check that the information on this form is up to date.

Young Persons Surname	Date of Birth
Young Persons Forenames	Section (Beavers, Cubs, Scouts)
School	Religious Denomination or Faith

Main Contact
Name
Home Address
Contact Tel No
Mobile No
Email

Emergency Contact (for use if main contact unavailable)
Name
Address
Tel No
Mobile No

In the space below please give details of the following:-
Any Known Allergies/Sensitivities
(e.g. Food allergies, Asthma, Eczema, Hay Fever. etc.)

Doctors Name
Tel No

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Details of any Special needs.
(e.g. Autism, Dyslexia, Dyspraxia, Epilepsy, Diabetes, Sight impairment, Hearing impairment. Learning difficulties, ADHD etc.).

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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 of my son's/daughter's health; disabilities; religion/faith; race/ethnic origin again for Scouting purposes'.

Name of Parent/Carer	Relationship to Young Person
Signature	Date