



Holy Trinity (Margate) Sea Scouts RN50

HEALTH & INFORMATION FORM



This document must be completed by the parents and guardians of the Scout.
These details are required for emergency medical purposes.

General:

Childs Name:	Date of Birth:
Name of Parent/Guardian:	
Address:	Home Telephone:
Postcode:	Parent/Guardian Mobile:
Email Address:	
School Attending:	National Health No:

Emergency Contact One:

Name of Contact:	Relationship to child:
Address:	Contact Phone numbers:

Emergency Contact Two:

Name of Contact:	Relationship to child:
Address:	Contact Phone numbers:

Medical:

Any Medical Conditions: (E.g. Asthma, Epilepsy, etc)	
Any Special Needs:	
Any Allergies: (E.g. Penicillin, Foods, etc)	Special Dietary Requirements:

Media Consent:

*Sometimes photographs and video images of Scouts taking part in activities are submitted to the local newspapers, the Group, the District or County newsletters, websites or put up on display at Scouting functions (e.g. Admiralty Inspection). If you have any objections to this, please indicate that you are **not willing** for your child's image to be used in this way by ticking the following box*

Data Protection:

'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'.

Medical Consent:

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any 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.

Signed:

Date: