



North Richmond Scout Group - New Joiner Form

20.05.19

Name _____

(Let us know if they are known as a shorter/different version of their name, etc – e.g Izzy rather than Isobel; Dan rather than Daniel etc)

Date of Birth _____ Religion _____

School _____

Primary Contact 1

Name _____

Address _____

_____ Postcode _____

Email _____

Phone _____

Relationship to child _____

Primary Contact 2

Name _____

Address _____

_____ Postcode _____

Email _____

Phone _____

Relationship to child _____

Doctor & Health

Doctor _____ NHS Number _____

Surgery _____ Year of Last Tetanus _____

Surgery Address _____

Can Swim 50 Metres? YES / NO

Details of any or Medical Problems

Details of any allergies or sensitivities

I give consent for the storage and processing of sensitive personal information, including medical details (these are required for the safety of your child). I understand these may be shared with other Scout groups/organisers if/when my child moves sections or attends external events.

I give consent for photos/videos of my child to be taken, stored and shared internally in the meeting location, local press, Scout websites and social media. I understand that if I later withdraw consent, previously published photos will not be able to be removed. (Regardless of this consent, the group/unit is not responsible for photos taken by other parties.)

Signed _____ Date _____