



All sections of this form should be completed. Write "NONE" if a section does not apply. Please complete all sections using CAPITAL LETTERS.
Please read and sign page 2

5th Edgware Scouts

Barnet Borough Scout District



Section: Beavers / Cubs / Scouts

First name: _____ Surname: _____ Date of Birth: _____

Scout HQ No: **LEAVE BLANK** _____ (date of birth = dd/mm/yyyy)

Address: _____

Post Code: _____ Home Telephone: _____

School/Work: _____ Gender: _____

Religion _____ Ethnicity: _____

Asian - Black - Mixed - White - Oriental

Next of Kin / Contact Details (Please Show at least 1 telephone)

Mum's Name: _____

Dad's Name: _____

Mum's Work No: _____ Dad's Work No: _____

Mum's Mobile: _____ Dad's Mobile: _____

Other Phone: _____ Other Mobile: _____

Fax: _____

Other Forms of Contact (Please Show at least 1 Email)

Mum's Email: _____

Dad's Email: _____

Other Email: _____

Medical Details - see overleaf first please. This is very important.

National Health Number: _____ Doctor: _____

Surgery Name/Address: _____

Post Code: _____ Doctor's Telephone: _____

Special Needs: _____

Medical Condition: _____

Allergies: _____

Medication: _____

Religious Prevention Of Treatment: _____

Dietary Restriction: _____

P.T.O.

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

I will inform the Scout Group immediately of any change to the above information.

I accept that the Scout Group will be keeping information about my child's membership of the Scout Movement for scouting purposes only.

I give explicit consent to the holding of information of my child's health; disabilities; religion/faith, in accordance with the Data Protection Act 1998 as amended.

No information held will be shared with third parties outside of Scouting without prior written consent.

This permission is valid until my child leaves the Scout Movement.

***Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason we do not insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities. Please delete this first paragraph of the statement if you do not wish to sign it.**

Signature

Print Name

Date / / 20.....

Your signature is required

- a) to verify the contents held are correct (if they are not or missing, then please update the record) and
- b) to authorise the header of this page for your child so the leaders know what action to take in an emergency.

The 5th Edgware operates an open membership policy regardless of sex, religion, or disability. The information you supply will under no circumstances affect your application but will ensure that child safety is maintained.