



Young Person's Details

Please complete all applicable information below as fully as possible. If you have any queries, please ask your section leader or get in contact via one of the methods above.

Young Person's Information

Forename(s)

Middle name(s)

Surname

Know As

Gender

Date of birth

Date joined Scouting movement
(If joining from another group)

Young Person's Home Details

Address

Contact Number

Young Person's Medical Information

NHS Number

Allergies

Medical Details

Dietary

Date of last tetanus

Other Information

Doctor Name

Doctor Surgery

Surgery Address

Surgery Number

Primary Contact 1

Relationship to YP

Forename

Surname

Address

Phone number 1

Phone number 2

Email

Primary Contact 2

Relationship to YP

Forename

Surname

Address

Phone number 1

Phone number 2

Email

Consents (please tick to agree)

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 am happy for photos, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels. This concerns photography, video and audio footage of the young person in this form being published via the following: Group internally controlled publications and communication channels, such as online news, email, websites, newsletters, at the Group meeting place, Group social media channels, Group advertising and/or promotional material including press.

Printed Name

Signature

Date
