



10th Chippenham Air Scout Troop

Scout Information Form

Please fill in the details requested below and return it to the Scout Leader at the first opportunity. Should any details change please inform the Scout Leader and amend a form.

Scout's Name:

Date of Birth:

Home Contact Details

Full address:

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Telephone number:

FatherMotherCarer

Mobile telephone number:

Father.....Mother.....Carer.....

Primary e-mail address:

Alternative e-mail address:

Medical Details

Doctor's name:

Doctor's surgery address and telephone number:

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Details of medical conditions, ie allergies, asthma, diabetes, etc:

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Background

Parent's/ Carer's names:

Parent's/ carer's hobbies and interests:

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School:



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Religion:

Previous Scouting experience, parents and child:

Is there anything else you think we ought to know about your son/ daughter/ guardian? This can be anything from the things they really enjoy, other hobbies, phobias, details of any special care requirements or special dietary requirements.

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I hereby give permission for my son/ daughter to attend the 10th Chippenham Air Scout Troop and participate in Troop activities.

Should it be necessary for my child to receive medical treatment whilst with the Troop and I cannot be contacted by telephone or any other means to authorise this, I hereby consent to any necessary medical treatment and authorise a Scout Leader to sign any document required by the hospital authorities.

I recognise that photographs, video or digital images may be taken as part of Scouting activities and can be submitted to the media, the Scout Group, District, County or the Scout Association for use in promoting Scouting through printed or digital media such as newspapers or the internet.

Please note that for record keeping purposes the above may be stored electronically on a home computer.

The above information is accurate and I agree with the above statements. Please print this form, sign and return a hard copy to the Scout Leader.

Signed:

Name: Date