



1st Harston Scouts

Confidential Personal Record

Full Name of Child:		Known as;	
Date of Birth:		Age on 1st September 2018	
Contact Names	1st Parent/Guardian;		
	2nd Parent/Guardian;		
	3rd Alternative Emergency Contact;		
Home Address:			
			Postcode: <input type="text"/>
Secondary Home Address: (if applicable)			
			Postcode: <input type="text"/>
Email address:	1st Parent/Guardian;	<input type="text"/>	
	2nd Parent/Guardian;	<input type="text"/>	
Telephone numbers:	Landline;	<input type="text"/>	
	Mobile - 1st Parent/Guardian;	<input type="text"/>	
	Mobile - 2nd Parent/Guardian;	<input type="text"/>	
	3rd Alternative Emergency Contact;	<input type="text"/>	
Child's School:	<input type="text"/>	School Year	<input type="text"/>
Child's Religion:	<input type="text"/>	Is the child a regular worshiper?	Y N
Photography, images, video, publicity etc.	Does the Group have your permission for images of your child engaged in Scouting activities to appear on our website.	<input type="text"/>	Y N
	Do you give your permission for the use of images of your child engaged in Scouting activities to be used in other publicity materials?	<input type="text"/>	Y N
Data	Your child's personal data is held securely on this paper record. It is also recorded securely on Online Scout Manager. This information is shared with Royston District for the purpose of the management of Scouting events. I give my permission for the sharing of this data with Royston District for the purpose as stated above.	<input type="text"/>	Y N

Diet & Food	Does the child have any dietary requirements? Please describe below.	Y	N
	Does the child suffer food allergies? Please describe below.	Y	N
First Aid & Minor Ailments	Do we have your permission to administer First Aid to your child?	Y	N
	Do we have your permission to administer over the counter remedies such as plasters, Wasp-Eze etc. to your child at camp?	Y	N
	Do we have your permission to administer generic non-prescription medications such as ibuprofen or paracetamol to your child at camp?	Y	N
	Are there any over the counter remedies or generic non-prescription medications that you specifically do not wish administered to your child at camp ? Please enter details as appropriate.	Y	N
Doctor's Details & Address:	Dr.		
	Postcode;		
	Telephone number of surgery;		
Child's NHS Number:			
Tetanus:	Is the child immunised against Tetanus under the NHS schedule?	Y	N
	Please advise year of last immunisation if known.		
Medical, Allergies & Conditions:	Does the child suffer from a medical condition requiring prescription medication to be taken at camp? Please enter details as appropriate.	Y	N
	Is the child prone to homesickness, bedwetting, overnight anxiety or worries of any nature? Please enter details as appropriate.	Y	N
	Does the child suffer from any significant allergies. Please enter details as appropriate together with details of medication carried or required.	Y	N
	Does the child have special needs? The Section Leader will contact you in confidence to discuss your child's specific needs with a view to supporting the child in Scouting.	Y	N

Signed:		Name :		Date Received by Section Leader:	
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