

ESSENTIAL INFORMATION

Form expires (off. use only)

To ensure that your child can take part in Scouting safely, please provide some information by completing and signing this form. The information you supply will be held in the strictest confidence. **Return completed form to the Explorer Scout Leader on your child's next visit to K2**

EXPLORER SCOUT'S DETAILS

Membership No: (off. use only)

Name	
Address inc postcode	
Date of birth	
Mobile number*	
Email address	

**most programme details and last minute changes are sent by text a day or so before meetings*

CONTACTING PARENTS

Home phone number	
Parents' mobile number(s)	
Alternative contact number (eg grandparent)	

OTHER INFO

Explorer Scout's religion	
School/College	
Can they swim 50m and tread water?	Yes/No

PREVIOUS SCOUTING

Beaver Scouts	Joined: (Month)	(Year)	Years attended			
Cub Scouts	Joined: (Month)	(Year)	Years attended			
Scouts	Joined: (Month)	(Year)	Years attended			
(off. use only)	Joined K2:	Participation Awards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BROTHERS & SISTERS

Name		Date of birth	
Name		Date of birth	

SCOUT PUBLICITY

Sometimes photos and video images of Explorer Scouts taking part in activities are submitted to local newspapers, Scout newsletters and websites or put on display for publicity purposes. Please indicate if you are not happy for images of your child to be used in this way by ticking this box

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GIFT AID - If you pay tax, we can use Gift Aid to claim back 28p for every £1.00 you give in subs or donations - this is free money for us, and doesn't cost you a penny. Please sign below to give us your permission to claim.

I would like the Explorer Scout Unit to treat all payments I make from 6th April 2000 in respect of member subscription and other donations to the Unit as Gift Aid donations

Name of parent or carer			
Signature		Date	

YOU CAN JOIN THE ADVENTURE TOO!	Parent or carer 1	Parent or carer 2
Name		
Occupation		
Interests/skills		
Able to help with transport?	Yes/No	Yes/No
Able to help with occasional meetings	Yes/No	Yes/No

HEALTH INFORMATION

Name of GP		Phone	
Dietary requirements			

Please give details in the space below of: any known infectious diseases with which your child (named overleaf) has been in contact within the last three weeks (e.g. chicken pox, diphtheria, measles, mumps, rubella, whooping cough etc.); any known allergies/sensitivities/disabilities and details of any known precautions or remedies (e.g. Penicillin, food colourings, travel sickness, bed-wetting, asthma etc.); details of any medicines/diets/treatments currently being taken/followed (including dosage details) & the specialist and hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines). If he/she has to take any medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed in to the Explorer Scout Leader or first aider before departure.

Continue on separate sheet with child's name if necessary

If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Explorer Scout Leader (or in their absence one of the assistant leaders), to sign any document required by the hospital authorities

Name of parent/carers		Relationship to child	
Signed		Date	

**Please inform the Explorer Scout Leader immediately if any information changes
We will ask for a new form to be filled out annually**