

ESSENTIAL INFORMATION

To ensure that your child can take part in Scouting safely, please provide some essential information by completing and signing this form. **Return the completed form and the Health Information Form to the Explorer Scout Leader.** The information you supply will be held in strictest confidence.

EXPLORER SCOUT'S DETAILS	
Name	
Address	
Postcode	
Telephone	Home: Mobile**:
Email	
Date of Birth	Gender: Male / Female*

*delete as appropriate ****K2 sends out most programme updates by text – please provide a mobile phone number either of the Explorer or parent that is checked regularly. Texts usually sent Sat/Sun/Mon**

EMERGENCY CONTACT	
Please give details of where you can normally be contacted in an emergency during a weekly meeting	
Name	
Address (if different from above)	
Postcode	
Telephone	Day: Evening: Mobile:
ALTERNATIVE CONTACT <small>Eg grandparent, neighbour</small>	
Name	
Relationship to Explorer Scout	
Address	
Postcode	
Telephone	Day: Evening: Mobile:

SCOUT PUBLICITY

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

Name of Parent or Carer		
Signature		Date

ADDITIONAL INFORMATION

EXPLORER SCOUT'S DETAILS		
Religion		
School		
Other interests outside Scouting		
Previous Scouting	Beaver Scout Colony:	Years attended:
	Cub Scout Pack:	Years attended:
	Scout Troop:	Years attended:
BROTHERS & SISTERS (Yes, sisters can join the Scouts! We're fully coeducational from 6 thru to 25+)		
Name		Date of Birth
Name		Date of Birth

GIFT AID

I would like the Scout District / Area to treat all payments I make from 6 April 2000 in respect of member subscriptions and other donations for the District / Area as Gift Aid donations.

Name of Parent or Carer		
Signature		Date

Notes: 1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for each £1 you give). 2. You can cancel this declaration at any time by notifying the Scout District. 3. Please notify the Scout District if you change your name or address.

YOU CAN JOIN THE ADVENTURE TOO!

It would be far easier providing quality Scouting for your son or daughter if we have your support. You may think that you have nothing to offer, but you'd be surprised! Please fill in this form and if we need your help, we'll be in touch. We must make Criminal Records Bureau checks for any adults who have contact with young people.

Name of Parent/Carer 1		
Occupation		
Hobbies/Interests/Skills		
Name of Parent/Carer 2		
Occupation		
Hobbies/Interests/Skills		
I would be willing to help with the following...(please tick those which apply)		
	Parent/Carer 1	Parent/Carer 2
Transport		
Occasional meetings		
Outdoor activities		
Camps		

HEALTH INFORMATION FORM

This form (both sides) is to be completed by the parent or carer of the young person named below. Please answer the following questions as fully as possible. In the event of your son/daughter requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

(Please complete in BLOCK CAPITALS)

EXPLORER SCOUT'S DETAILS	
Surname	Date of Birth
Forenames	National Health Service No
Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection

Parent/Carer's Address Postcode Telephone Mobile	Family Doctors Name and Address Telephone
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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

I will immediately inform the Explorer Scout Leader if any information changes and fill in a new form with updated information*

*Please ask the Explorer Scout Leader to see this form to check details if unsure if it is up to date – especially before camps or activities

CONSENT		
Name of Parent or Carer		Relationship to young person
Signature		Date

PLEASE TURN OVER – more overleaf

SUGGESTED TREATMENT

Please fill in which minor treatment you usually use/precautions you usually take in event of the following. The Explorer Scout Leader (or in their absence one of the assistant leaders) may administer the appropriate minor treatment/precautions (as listed below) if required.

Headache:

Stomach Upset:

Cuts & Grazes:

Colds etc:

Other Specific Ailments:

(Please continue below if required)

OTHER DETAILS

In the space below please give details of the following:-

1. Any known infectious diseases with which your son/daughter (named overleaf) has been in contact within the last three weeks (e.g. chicken pox, diphtheria, measles, mumps, rubella, whooping cough etc.)
2. Any known allergies/sensitivities/disabilities and details of any known precautions or remedies (e.g. Penicillin, food colourings, travel sickness, bed-wetting, asthma etc.)
3. 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)

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Please continue on a separate sheet if required (Remember to include your son/daughter's name on any separate sheets and attach them securely to this form)

DIETARY REQUIREMENTS

Please list any dietary requirements (vegetarian, nut allergy etc):

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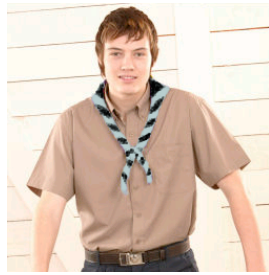
K2 MERCHANDISE ORDER FORM

K2 members are expected to own an Explorer Scout uniform shirt and a District necker, but for most meetings members are allowed to wear a Unit polo shirt or hoodies instead. These items are optional and members can choose to just wear their uniform shirt and necker instead. We recommend that Explorers have a Membership Pack and Badge Book. Here's a summary of what's required and what's optional and where you can get them from.

	REQUIRED?	PRICE	AVAILABLE FROM
Necker & badge	Required	Free	Issued free to all members after they've paid their first subs
Uniform shirt	Required	£19.00*	Wrexham District Scout Shop or from www.scouts.org.uk/shop
Activity trousers	Optional	£26.00	Wrexham District Scout Shop or from www.scouts.org.uk/shop
Scout belt	Optional	£11.00	Wrexham District Scout Shop or from www.scouts.org.uk/shop
Membership Pack	Recommended	£5.00	Wrexham District Scout Shop or from www.scouts.org.uk/shop
Badge Book	Recommended	£2.00	Wrexham District Scout Shop or from www.scouts.org.uk/shop
Hoodie	Optional	£17.00	K2 – via this form
Polo shirt	Optional	£15.00	K2 – via this form

*short sleeved is £19.00, long sleeved is £19.50 – you choose

Wrexham District Scout Shop is upstairs in Wrexham District Scout Headquarters, opposite the General Station. It is open during school term times only on Wednesday evenings from 6.30pm until 8.30pm, and is staffed by volunteers. If you'd like to help out as part of your D of E service, let Moz know.



Name

Item	Size**	Quantity	Price	Total
K2 polo shirt			£15.00	
K2 hoodie			£17.00	
			Total price	

**sizes available: S, M, L, XL, XXL

Please return form and payment to the Unit treasurer. Make sure cheques are made payable to K2 Explorer Scout Unit and that you write the Explorer Scout's name and 'Merchandise' clearly on the back. Cheques only please.

Please note that orders are sent in to the company that make the hoodies & polo shirts when we've got several to order, and not on an individual basis, so it may take a while for your merchandise to come. Sorry about this, it's the best we can do.