

1st Buxted (O'Brien's Own) Scout Troop

Information needed for Troop records

Scouts First Name Surname

Date of Birth

Date first joined the movement (as Beaver/Cub)

Address

Post Code Telephone

Name of Parent /Guardian (1)

Relationship to Scout

Mobile No E-mail

Name of Parent /Guardian (2)

Relationship to Scout

Address (if different)

Telephone (if different)

Mobile No E-mail

NHS Number of Scout

Allergies or Medical Conditions

Name of Doctor Telephone

Address of Doctor

Publicity Photographs: (please tick one of the following)

- I hereby give my general consent for photographs of my son/daughter taking part in scouting activities to be used in bona fide promotional or display material.
- I would wish to be consulted on each occasion before allowing photographs of my son/daughter to be used.
- I hereby refuse permission for any photographs of my son/daughter to be used.

After Meeting Instructions: (please tick one of the following)

- My son/daughter will be collected by myself, or responsible adult requested by me.
- My son/daughter has my permission to walk home after the meeting.

Data Protection

I hereby give my consent for the above information to be stored on the Scout Troop database, held and maintained, in the interest of the Scout, by warranted leaders of the Scout Association, but not to be used for any other purpose.

Parent/Guardian

signature.....

Date

