



58th Scout Group Personal Details Form

<p>Young Persons Details</p> <p>Section Joining:..... (Beavers/Cubs/Scouts)</p> <p>Surname:</p> <p>Forename.....</p> <p>Address:.....</p> <p>..... Post Code:</p> <p>Date of Birth:</p>	<p>Medical History</p> <p>(Please give Details of any Asthma, Diabetes, Epilepsy, Allergies etc which may occur whilst participating in Scouting activities).....</p> <p>.....</p> <p>.....</p> <p>Dietary Requirements</p> <p>.....</p> <p>.....</p>
<p>Parents/Guardians</p> <p>Parent/Guardian 1</p> <p>Surname:</p> <p>Forename:.....</p> <p>Home Telephone:</p> <p>Mobile:</p> <p>Email Address:.....</p> <p>Address (If Different from Young Person):</p> <p>.....</p> <p>..... Post Code:.....</p>	<p>Parents/Guardians</p> <p>Parent/Guardian 2</p> <p>Surname:</p> <p>Forename</p> <p>Home Telephone:</p> <p>Mobile:</p> <p>Email Address:</p> <p>Address (If Different from Young Person):</p> <p>.....</p> <p>..... Post Code:.....</p>
<p>In an emergency you should contact the following person if Parents/Guardians can not be reached</p> <p>Name:</p> <p>Relationship:</p> <p>Address:.....</p> <p>.....</p> <p>..... Post Code</p> <p>Home Tel:</p> <p>Mobile:</p>	<p>Family Doctor's Name and Address</p> <p>Surgery Name:.....</p> <p>Surgery Address:.....</p> <p>..... Post Code:</p> <p>Tel:.....</p> <p>School</p> <p>Name of School:</p> <p>Address:.....</p> <p>..... Post Code:.....</p> <p>Religion/Faith:.....</p>
<p>Parental/Guardian permission required. During our activities we may take pictures to appear on our website, Facebook or printed for display. Please X to indicate NOT PERMITTED</p>	

PLEASE HAND THIS FORM BACK TO YOUR SECTION LEADER