



YOUNG PERSON INFORMATION FORM

Full name	Known as	
Address	Date of Birth	
	Gender	
	Nationality	
	Religion or Faith (optional)	
	School	
Postcode		
EMERGENCY CONTACT 1		
EMERGENCY CONTACT 2		
Name	Name	
Relationship to member	Relationship to member	
Address (if different to above)	Address (if different to above)	
Postcode	Postcode	
Phone number (1)	Phone number (1)	
Phone number (2)	Phone number (2)	
email	email	
MEDICAL / CARE DETAILS		
Doctor	Telephone	
Surgery address	Postcode	
Dietary needs (allergies, intolerances etc)		
Disability / additional needs		
Medical information (e.g. medication)		
Any other information we should be aware of		
<div> <div> Photographs, video and audio (media) We use media for internally controlled publications and communication channels such as online news, email, websites, newsletters, at Group meeting places, Group social media channels, Group advertising and/or promotional materials including press. Media will only be used if you consent below: <input type="checkbox"/> I am happy for media to be published of the young person named above whilst undertaking Scouting activities across all channels; or <input type="checkbox"/> I do not want any media to be used. </div> <div> Communication preferences Your email address and telephone numbers will be used by adult volunteers within the Group as primary methods to communicate with you. In addition, the Group may use additional communication tools: <input type="checkbox"/> I agree to the Group sharing my contact details with other parents and members of the Group via 'closed group' communications such as Facebook; or <input type="checkbox"/> I do not agree for my contact details to be used in this way. </div> </div>		
Data protection/privacy (including media) The Scout Association and Edenthorpe Scout Group are committed to the principles of the GDPR 2018. Please refer to our 'Data Policy' as documented on our web site (www.edenthorpescouts.org.uk). Access to our Scout Group requires acceptance of our Data Policy. Your signature below is confirmation that you have read and accepted this policy and that the information recorded above correct.		
Signed by parent/guardian:	Print name:	Date:
Please return this completed form as soon as possible (and within 2 weeks)		