

CUB SCOUT INFORMATION

SURNAME OF CHILD:

FORENAMES:

ADDRESS OF CHILD:

.....

HOME PHONE NO:

DATE OF BIRTH:

MOBILE PHONE NO:

EMAIL ADDRESS:

SCHOOL:

RELIGION:

NAME OF PARENTS/GUARDIAN

EMERGENCY CONTACT:.....

Please give details of a close friend/relation who could be contacted if at any time you are not available

NAME/RELATIONSHIP:

ADDRESS:

.....

CONTACT NO:

MEDICINES/ILLNESSES WHICH MAY AFFECT YOUR CHILD (e.g. asthma, allergies)

.....

.....

Please add any other medical information that you think we ought to know about overleaf.

Please also add overleaf any of your own personal interests or hobbies that might be useful at pack meetings or outings.

Signing this form allows us to hold the above ‘sensitive personal data’ under the Data Protection Act 1998. It also allows us to take and use photographs of your child.

SIGNED: **DATE:**