

# FAMILY INFORMATION FORM

To help your child's leader please provide the following details

## CONTACT INFORMATION

Child's name: .....

.....

Gender: M / F .....

Date of birth: .....

Religion: .....

Child's address: .....

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Child's email address (if applicable): .....

.....

Parental name: .....

Parental contact tel no. 1: .....

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Parental contact tel no. 2: .....

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Parental email address: .....

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Alternative contact name (please state relationship): .....

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Alternative contact tel no.: .....

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## MEDICAL INFORMATION

Please list any medical conditions, allergies or special requirements your child has (full information on the appropriate way to cater for these should also be given to your child's leader):

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Please give details of any dietary requirements your child has:

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Continued overleaf

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## FURTHER INFORMATION

Parent(s) occupation(s)  
.....

Have you or your partner/spouse ever been a member of the Scout or Guide Movement?  
.....  
.....

Mother - yes / no

Father - yes / no

Time available per week/month/year for assisting with the Group:  
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Please give details of any skills or hobbies you have that could contribute to the running of the Group or the provision of activities: eg, first aid, DIY or office administrative skills.  
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Parental signature:  
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### Data Protection

All information given will be used in accordance with the Data Protection Act 1998. Information given will only be used in connection with your son/daughter's membership of the Scout Movement in the United Kingdom.

The Scout Association, at all levels, may itself use your contact details (post and email) to keep in touch with you about Scouting. However, by law we need your express permission for certain direct marketing services. By giving this permission we can provide you with access to additional opportunities and services.

Please tick the box if you are happy to be contacted:

I am content to receive details by post and email about new products and services being promoted directly to The Scout Association or its subsidiary companies.

**PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO YOUR CHILDS LEADER.**