

## Health & Information Form [*Confidential*]

### Data Protection & Privacy

The 9<sup>th</sup> Huddersfield Scout Group recognises that your privacy is important to you. The Scout Association is registered with the Information Commissioner under the Data Protection Act 1998, and is committed to respecting your privacy. We will apply appropriate protection and management of any personally identifiable information you share with us. The information you submit will be kept confidential. The information you provide will be entered into a membership database and processed by the Group in accordance with the Data Protection Act 1998.

Any personal information provided by you to the Group through your registration will only be used by Group Leaders for the benefit of your child.

Any personal information received from you will be retained by us and not sold, transferred, or otherwise disclosed to any third party, unless such disclosure is required by law or other court order.

**Please complete in BLOCK CAPITALS and return next week.**

	Section	Father (where different from child, eg on holiday)	Mother (where different from child, eg on holiday)
Forename			
Surname			
Road			
Area			
Area			
Town			
Post Code			
Telephone			
Mobile			
e-mail			
Is there a Step-Dad?		Full name	
Is there a Step-Mum?		Full name	
With whom does your son/daughter usually live?			
Date of birth		Religion	School
NHS Number		Date of last tetanus injection	
Doctor's Name		Doctor's Telephone	
Dr's Address			
We usually operate a rota of parents to help at the weekly meetings. We trust you have no objection to this.			
We like to think that each family will, at some stage, serve on the Group Supporters' Team. Thank you.			

**Please Complete & Return This Form**

The Leader (or in his/her absence, one of the Assistant Leaders/Helpers) may administer appropriate minor treatment/precautions as appropriate unless you advise differently by the details listed below:			
Headache		Stomach upset	
Cuts & grazes		Colds etc	
Travel sickness		Other specific ailments	
Please list any known infectious diseases with which your son/daughter has been in contact recently (e.g. chicken pox, diphtheria, measles, mumps, rubella, whooping cough etc.):			
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Please list all known allergies/sensitivities/disabilities and details of any known precautions or remedies (e.g. Penicillin, wheat, nuts, food colourings; travel sickness, bed-wetting, asthma, travel sickness, hole in the heart, etc.):			
.			
Please list details of all medicines/diets/treatments currently being taken/followed by your son/daughter (including dosage details) & the specialist and hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines):			
(If your son/daughter has to take any medicines, the bottle(s), jar(s), or other items should be clearly labelled with his/her name and the exact dosages, and should be handed to the Section Leader/First Aider when appropriate.)			
Please tell us about any special diet [including vegetarian]:			
In an emergency we might need to contact you during the day. Your co-operation in completing the following section would be appreciated.			
	Father		Mother
Company			
Telephone			
What areas of expertise do you have which could help the Group? [eg hobbies to help the 'Scouts' gain Activity Badges, or more professional – painter, legal person, accountant, salesman, PR, media, electrician, etc, etc].			
Father		Mother	
Please continue on a separate sheet if there is insufficient room on this form (remember to include your child's name on any such sheets and attach them securely to this form).			
<i>"If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the appropriate Leader (or in his/her absence, one of the Assistant Leaders/Helpers), to sign any document required by the hospital authorities.</i>			
<i>"I will inform my son/daughter's Section Leader if any of the information given on this form changes."</i>			
<b>I understand that if my son/daughter takes a mobile phone to any Scout activity, it is solely his/her responsibility even if an adult is asked to look after it.</b>			
Date		Name of parent/guardian	
Relationship to 'Scout'		Signature	

**Please Complete & Return This Form**