



## YOUNG PERSON INFORMATION FORM

Full name	Known as	
Address     Postcode	Date of Birth	
	Gender	
	Nationality	
	Religion or Faith (optional)	
	School	
<b>EMERGENCY CONTACT 1</b>		
Name		<b>EMERGENCY CONTACT 2</b>
Relationship to member		Relationship to member
Address (if different to above)   Postcode		Address (if different to above)   Postcode
Phone number (1)		Phone number (1)
Phone number (2)		Phone number (2)
email		email
<b>MEDICAL / CARE DETAILS</b>		
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		
<b>Photographs, video and audio (media)</b> 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.		<b>Communication preferences</b> 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.
<b>Data protection/privacy (including media)</b> The Scout Association and Hatfield Scout Group are committed to the principles of the GDPR 2018. Please refer to our 'Data Policy' as documented on our web site ( <a href="http://www.68hatfieldscouts.org.uk">www.68hatfieldscouts.org.uk</a> ). Access to our Scout Group requires acceptance of our Data Policy. <b>Your signature below is confirmation that you have read and accepted this policy and that the information recorded above correct.</b>		
Signed by parent/guardian:		Print name:
		Date:
<b>Please return this completed form as soon as possible (and within 2 weeks)</b>		