## YOUNG PERSON INFORMATION FORM



	•
Full name	Known as
Address	Date of Birth
	Gender
	Nationality
	Religion or Faith (optional)
Postcode	School
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)	
Treatest into interest (e.g. medication)	
Any other information we should be aware of	
Photographs, video and audio (media)	Communication preferences
We use media for internally controlled publications and communication	Your email address and telephone numbers will be used by adult
channels such as online news, email, websites, newsletters, at Group	volunteers within the Group as primary methods to communicate with
meeting places, Group social media channels, Group advertising and/or promotional materials including press. Media will only be used if you	,
consent below:	☐ I agree to the Group sharing my contact details with other parents and members of the Group via 'closed group' communications such as
☐ I am happy for media to be published of the young person named	Facebook; or
above whilst undertaking Scouting activities across all channels; or	☐ I do not agree for my contact details to be used in this way.
Lil do not want any media to be used.	
Data protection/privacy (including media) 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="https://www.68hatfieldscouts.org.uk">www.68hatfieldscouts.org.uk</a> ). 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)	