

# Otford Scouts General and Emergency Contact Information Form

Member's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Any special needs (physical, medical or educational): \_\_\_\_\_

Any allergies (nuts, plasters etc.): \_\_\_\_\_

Medical condition that we need to be aware of: \_\_\_\_\_

Any medication that may be required during a Scouting Activity (asthma inhaler, epi-pen etc.): \_\_\_\_\_

If child requires the above, do they know how to administer it? YES / NO

Emergency Contact 1 Name: \_\_\_\_\_

Relationship to the member: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_

Relationship to the member: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Doctors name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

Any other information that you feel may be necessary:

Signed:

Dated:

Name (printed):

The Personal information of young people supplied to the Group will be stored so we can keep a full record of their time with us as a Scout. It will also ensure that the leaders are aware of any special needs, allergies, dietary etc of that young person whilst they are under their care. Stored contact information will also allow us to keep you informed of upcoming Scouting activities or requirements. The Scout Group is using legitimate interest as the most appropriate lawful basis for processing this information as there is a limited impact on individuals, the processing is of clear benefit to the Scout Group and its members (your child), and by putting your child forward as a member of the Scouting Movement you are unlikely to object to the processing of that information.