

# Young Person Information Form

Version 1.1 May 2024

(Please complete in BLOCK CAPITALS)

Surname		Date of Birth:
Forenames		Postcode:
NHS No.:	Scout Group:	Date of last Tetanus injection

Home Address of Young Person: ..... ..... ..... ..... .....	In Case of Emergency Contact 1 Name and Address: (Required) ..... ..... Mobile Phone ..... Alternative Number ..... Relationship to Child .....
In Case of Emergency Contact 2 Name and Address: (Required) ..... ..... Mobile Phone ..... Alternative Number ..... Relationship to Child .....	Doctors Surgery and Address (Required) ..... ..... ..... Doctors Name ..... Telephone .....

## EMERGENCY PERMISSION

I understand that in the event of my child requiring medical attention all reasonable efforts will be made to contact me (or the Alternative Emergency Contact if I am uncontactable) using the contact numbers provided on the health form.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment, and authorise the Leader in charge to sign any document required by the hospital authorities.

I will inform the Leaders if my son / daughter has been in contact with any infectious diseases within 3 weeks ahead of an event (e.g. Chicken Pox, Measles, Mumps, Rubella, Whooping Cough, Diphtheria, etc)

<input type="checkbox"/> I give permission for my son / daughter to receive medical treatment as listed above
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## MEDICAL DETAILS

In the space below please give details of the following. All information or issues are kept strictly confidential.

### Any Medical Details?

This includes ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Spina Bifida, Down's Syndrome, Arthritis, Asthma, Bed Wetting, Diabetes, Epilepsy, ME/Chronic Fatigue, Bipolar, Depression, Eating Disorder, Self-harm, Muscular Dystrophy, Sensory, Travel Sickness, Hayfever, Nosebleeds etc.

### Any Allergies

This includes Penicillin, Food Colouring's, Latex, Tree/plant Pollen, Insect Bites or Stings, Pet or Animal Hair or Fur, Dust Mites, Mould, Peanuts, Eggs and Milk

### Any Dietary Requirements?

Any special dietary requirements / forbidden foods (e.g. Vegetarian etc)

### Any Medication?

This is for medication that will be required to be taken, please include name of medication and dosage details.

☐ I give permission for my son / daughter to be given the above medication when required.

## PHOTOGRAPHS

We would like your permission to take photographs or make any recordings of your child whilst they participate in activities with Ryedale District Scouts. It is not a legal requirement to obtain parental permission (as the copyright of the image belongs to the photographer and not the subject) however we ask parents to sign the form as a matter of good practice and manners.

Promoting Scouting is important and it is in the interests of all to advertise the movement through the use of appropriate and positive images. This allows the use of photos and videos from activities within Scouting for Scouting purposes. These include (but are not inclusive of) the Ryedale Scouts websites, the local press and social media feeds. Photos or videos may appear on our Facebook Page.

### Please tick as applicable;

☐ I give permission for my son / daughter's photograph / video to be taken and stored by Ryedale Scouts

☐ I give permission for my son / daughter's photograph / video to be shared on Scouting Websites.

☐ I give permission for my son / daughter's photograph / video to be shared on Ryedale Scouts Facebook Page Album that we will be using to share photos throughout the weekend.

Name of Parent/Guardian

Relationship to Young Person



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Signature
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Date
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