



Membership form

All sections of this form should be completed. Please complete all sections using CAPITAL LETTERS.

Member's Details

Surname

First name

Home address

Postcode

Home telephone number

Mobile number of explorer scout

Email address of explorer scout

Date of birth

Sex (M/F)

Religion

Parents/Guardians Details

Mother/Guardian

Title First name

Surname

Emergency contact number i.e. mobile phone

Email Address

Father/Guardian

Title First name

Surname

Emergency contact number i.e. mobile phone

Email Address

Medical Information and Consent

Known allergies i.e. nuts

Known health problems or special needs

Date of last tetanus immunisation

Special dietary requirements

Doctors name and address

Doctors telephone number

NHS number

If it becomes necessary for my child to receive emergency medical treatment and I cannot be contacted by telephone or other means 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 give general consent for my child to take part in all scouting activities. I acknowledge that my child may be transported to or from activities in leaders' or parents' cars, hired vehicles or on public transport. I accept liability for any damage to property or equipment caused by my child.

I accept that The Goonies ESU will be keeping information about my child's membership of the Scout Movement for scouting purposes in accordance with the Data Protection Act 1998. No information held will be shared with third parties outside of scouting without prior written consent. I will inform the Unit immediately of any change to the above information.

This permission is valid until my child leaves the Scout Movement.

Signature and Date

Name

Signature

Date

*Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason we do not insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities. Please delete this part of the statement if you do not wish to sign it.