

K2 HUNGARY 2018 FAMILY INFORMATION FORM

To help leaders please provide the following details

CONTACT INFORMATION

Explorer Scout's name:

Gender: M/F

Date of birth:

Explorer Scout's address:

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Explorer Scout's mobile number:

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Explorer Scout's email address (if applicable):

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Primary contact

Tel:

Email:

Partner contact:

Tel:

Email:

Alternative contact name (please state relationship):

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Tel:

Email:

MEDICAL INFORMATION

Please list and medical conditions, allergies or special requirements your child has (full information on the appropriate way to cater for these should also be given to your child's Unit Leader):

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Please give details of any medications your child is taking:

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Please give details of any dietary requirements your child has:

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FURTHER INFORMATION

Can your child swim? yes no

Permission to use photos for Scouting publicity purposes
yes no

Data protection

All information given will be used in accordance with the Data Protection Act 1998. Information given will only be used in connection with your son/daughter's membership of the Scout movement in the United Kingdom.

PLEASE RETURN THIS FORM TO THE EXPLORER SCOUT LEADER



EXPLORERS

