

Emergency Contacts	In the Event of being unable to contact the Parents or Guardians:											
	Full Name	Telephone Number										
	Relationship to Member	Mobile Number										
	Full Name	Telephone Number										
	Relationship to Member	Mobile Number										

Doctors Name		Doctors Telephone Number									
Doctors Surgery Address											
Is he/she allergic to anything? (i.e. medication, certain foods, nuts, insect bites/stings etc.)											
If Yes please give details:											
Does he/she have any special dietary needs? (i.e. vegetarian/vegan)											
If Yes please give details:											
Does he/she suffer from asthma, migraines, fits/faints, nose bleeds, hay fever, diabetes, nervous disorder, or any other illness or disability?											
If Yes please give details: (also explain any precautions that may well prevent this):											
Is he/she taking any medication? is it self-administered? and do they bring the medication with them?											
If Yes please give details:											
Any medication required at camping events etc, should be given to the Leader-in-Charge or First Aider clearly marked with the young persons name and instructions for use. Inhalers and Epipens should be labelled with their name and Group. These will need to be retained and carried at all times by the participant and a spare given to the Leader-in-Charge or First Aider.											
The following medication may be available if required, please circle any of the following which may <u>NOT</u> be given.											
Paracetamol (tablets or liquid) Childrens Calpol Ibuprofen Antiseptic Cream Plasters											
Insect Repellent Sun & Aftersun Lotion Antihistamine Cream - for bites Burn Relief Spray											
or any others not listed above:											
Any further information that you may wish to supply:											

Scout HQ Census Information



The below information is collected for the Scout Association's Census. No individual names are entered into the Census. Groups only list how many members are in category A1 or A2 for example. All information is confidential and only used for the purpose of the Census, so that Scouting locally and nationally can better understand its Membership and diversity. Please Tick one from each category which describes your child, or yourself, whoever this Health Form relates to.

Gender (Please tick one)	Male I self-identify	Female I prefer not to say
Ethnicity (Tick one)	White	Asian or Asian British
A1 - English, Welsh, Scottish, Northern Irish or British		C1 - Indian
A2 - Irish		C2 - Pakistani
A3 - Gypsy or Irish Traveller		C3 - Bangladeshi
A4 - Roma		C4 - Chinese
A5 - Any other White background		C5 - Any other Asian background
Mixed or Multiple ethnic groups	Black, Black British, Caribbean or African	
B1 - White and Black Caribbean		D1 - Caribbean
B2 - White and Black African		D2 - African background
B3 - White and Asian		D3 - Other Black or Caribbean backgrounds
B4 - Any other Mixed or Multiple ethnic background		
Other ethnic groups and options		
E1 - Arab		F - Prefer to self-describe
E2 - Any other ethnic group		G - Prefer not to say
Disabilities	Developmental e.g. ADHD, ADD, Autism Spectrum Disorder, Developmental delay, Down's syndrome, Dyspraxia, Dyslexia, Speech & Language difficulties	
Medical e.g. Asthma, allergies (may need medical intervention) cystic fibrosis, heart condition, diabetes, migraines, epilepsy or any other needs that require medication for life		
Physical e.g. Spina bifida or other mobility conditions		Sensory - Affected sight, hearing, taste, smell
Mental Health e.g. Anxiety, depression, panic attacks, history of self-harm, eating disorder		Progressive e.g. Muscular dystrophy, multiple sclerosis
Injury e.g. Long term affecting body or brain injuries		I would prefer to self-describe
None i.e. No disability		I would prefer not to say



GIFT AID DECLARATION

A very simple way to help with fundraising for the Scout Group and Explorer Unit is Gift Aid, which is based on the subscription fees you have to pay to be a member of 1st Grundisburgh Scout Group or Fynn Valley Explorer Unit.

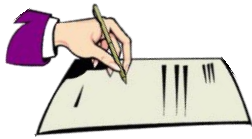
PLEASE HELP – EVERY CONTRIBUTION DOES MAKE A DIFFERENCE.

For the Parent/Guardian or Payer of Subscription Fees

I wish to Gift Aid any subscription fees and any other donations I make in the future to 1st Grundisburgh Scout Group or Fynn Valley Explorer Unit. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on my donations, then it is my responsibility to pay the difference.

Title	Full Name with Surname	Signature
Home Address		
Post Code		
Date	D	D
	M	M
	Y	Y
	Y	Y
	Y	Y

You have the right to cancel the Gift Aid Declaration any time and must inform the Scout Group or Explorer Unit of any name or home address changes and if you no longer pay sufficient tax on your income.



DECLARATION



I give permission for either my Child's Section Leader, the Camp Leader or First Aider to authorise any medication as instructed above for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the Medical Authorities present. I understand that these details will be kept for use at any camps, events and weekly meetings that my son or daughter attends. I agree that the details provided are correct as at the date stated and will inform the Group if any amendments are needed in the future. By signing this Declaration I agree to the policies set out by 1st Grundisburgh Scout Group and Fynn Valley Explorer Unit, unless I have stated otherwise.

Full Name with Surname	Relationship to Member
Signature	Date
	D D M M Y Y Y Y



SCOUT GROUP POLICIES

1st Grundisburgh Scout and Fynn Valley have various policies relating to Uniform, Behaviour, Arrival and Collection of Members for Meetings, Attendance, Subscriptions and our Privacy Policy. To view these please scan the QR code on the left. Members and Parents are expected to follow these policies.

PHOTOGRAPHY POLICY

Photographs are often taken at meetings, camp and events to promote the Section and Scouting activities as well as a visual record of past years. Children are not individually named and any pictures could be used for displays within the building, photo albums and presentations to the public, the Facebook page and Website for 1st Grundisburgh Scout Group or Fynn Valley Explorer Unit, Local Newspapers and the 'Grundisburgh News'. If you do not wish your child to be photographed, please inform the Group Scout Leader or Section Leader by email or state on this Health Form.

ACTIVITIES POLICIES

1st Grundisburgh Scout Group and Fynn Valley Explorer Unit exist to provide exciting Scouting Adventures to its members within safety rules provided by the UK Scout Association. Camping and Outdoor activities are a major element to our balanced programme and emails and letters will detail the event as and when they become available.

Some of the Activities are based on water such as Canoeing, Sailing and Rafting, however we are likely to take members to the local swimming pool as part of an evening activity or whilst on camp. Parents will be advised if a water activity such as swimming will be appearing in the programme. The Scout Group and Explorer Unit will leave the decision to the Parent or Guardian if an individual attends water based activities and they should inform the Leaders if the individual cannot partake in any water based activities during a camp.

Another activity associated with the Scouting movement is Air Rifle Shooting. The Scout Association Rules on Air Rifle Shooting are strict and we require Parents to read and understand the below statement. By signing the Declaration the Scout Group and Explorer Unit will assume that the individual stated on this Form can participate in this activity unless a Parent or Guardian ticks the box to the right confirming they **CANNOT** partake in Air Rifle Shooting. ☐

Air Rifles Statement: I, being the Parent/Guardian of the person named overleaf, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for my son/daughter named overleaf to participate in Air Rifle Shooting at any Scouting events with either 1st Grundisburgh Scout Group or Fynn Valley Explorer Unit.



1st Grundisburgh Scout Group Charity No. 1033767 & Fynn Valley Explorer Unit
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www.grundisburghscouts.org.uk & www.facebook.com/1stGrundisburghScoutGroup
A Member of the UK Scout Association, Gilwell Park, Bury Road, Chingford, London E4 7QW
Email: info.centre@scouts.org.uk Call: 0845 300 1818 or 020 8433 7100 Website www.scouts.org.uk

Please return this Form to a Leader or the Group Scout Leader