



East Somerset Cubs Centaur Hike 2024
Activity Health/Information Form
6th April 2024
Event Leaders:
Liam Burt, Amy White, Allen Moore



This form is used to collect information about your young person for the purpose of the event named below, this is to be used by the section leadership team only. As part of this form we collect personal data about your young person. This detail is required so that we can register them for the event. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We may share your personal data in this form with third parties, for event registration. These third parties are used on the basis that they align with our data privacy policies. We take your personal data privacy seriously. The data you provide to us is securely stored and will be kept for 2 months after the event for any queries that arise before being securely destroyed.

For further details please visit our Data Protection Policy available at scouts.org.uk.

Surname	Date of Birth
Forenames	Cub Pack
Male / Female	Group
Home Address	Doctor's Surgery and Address
	Telephone

I hereby give permission for my child to attend **District Cub Centaur Hike 2024**
 I will inform the Cub Leader if any of the information given on this form changes before the event takes place.
 I understand that my child may have their photograph taken whilst taking part in this activity to promote the good publicity of scouting.

Please confirm permission for photographs: Please Circle:- YES or NO

Note: All activities will be run in accordance with The Scout Association's safety rules. No responsibility for personal equipment/clothing and effects will be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

In the space below & overleaf :- Please complete EVERY section with a response If the question doesn't apply please state N/A	
	Parents or Guardian Responses
Details of any Allergies (e.g. Hayfever, Penicillin, Food Colouring):	

Parents or Guardian Responses

Details of any Medical Conditions and/or Disabilities:	
Details of any Medications currently being taken (and reference to what these are for above - please include details of dosages / time of day / storage requirements):	
Details of any infectious diseases your child has been in Contact with in the last three weeks (e.g. Chicken Pox, Measles, Mumps etc):	
Details of any Dietary and/or Cultural Needs:	
Details of any Additional Needs (e.g. Special Educational Needs, Mental Health Issues, Bed-Wetting.) Please use an additional piece of paper if required	
<i>Please note: If your child has to take any medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosage and should be handed to Cub Scout Leader. Please be clear if any medicines can be retained/administered by your child themselves e.g. inhaler for asthma.</i>	
Please can you confirm whether your child may or may not be given preparations from the general sales or pharmacy list of medicines for minor ailments e.g. Paracetamol, Antihistamine, Ibuprofen as per Age/Packaging Instructions Please Circle:- YES or NO	

Name of Emergency Contact During Activity/Event	Relationship to Young Person	Contact Number(s)
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Name of Additional Emergency Contact During Activity/Event	Relationship to Young Person	Contact Number(s)
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Print Name and add your Signature	Relationship to Young Person	Date
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