JAWS Activity Camp – Activity Information Form
3rd - 5th July 2026

Event Leader: CHARLOTTE REDFEARN-WARD

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 detail please visit our Data Protection Policy available at scouts.org.uk..

Surname	Date of Birth
Forenames	Troop / Group
Gender	Scout Membership Number
Home Address	Doctors Surgery and Address Telephone

I hereby agree to attend the **JAWS Activity Camp.**
I will inform the Camp Leader if any of the information given on this form changes before the event takes place.
I understand that I may have their photograph taken whilst taking part in this activity to promote the good publicity of scouting.

Please confirm permission for photographs: Yes / No

Are you able to swim 50 metres and stay afloat in light clothing: Yes / 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 (continue on back of sheet if required) please give details of the following:-	
Details of any Medical Conditions and/or Disabilities:	
Details of any Allergies (e.g. Hayfever, Penicillin, Food Colouring):	
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 you have 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, Travel Sickness etc):	
Please can you confirm whether you 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 Yes / No	

YOUR Contact Details Before / During Event	Preferred Email Address	Contact Number(s)

Name of EMERGENCY CONTACT During Event	Relationship to You	Contact Number(s)

Signed	Date