

Parent Consent Form

PLEASE COMPLETE IN CAPITAL LETTERS

Childs Details			
Childs Forename			
Childs Surname			
Date of Birth	DD MM YY		
Essential Information			
Medical details			
Allergies			
School			
Religion			
Ethnicity (Please tick)			
Asian or Asian British		Black, Black Bristish, Caribian or Africian	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African background	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Black, Black British or Caribbean background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>		
Any other Asian background	<input type="checkbox"/>		<input type="checkbox"/>
White		Mixed or Multiple ethnic groups	
English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish White and Black African	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Roma	<input type="checkbox"/>	Any other Mxed or Multiple Ethic Background	<input type="checkbox"/>
Other ethnic group			
Arab	<input type="checkbox"/>		
Any other ethnic group	<input type="checkbox"/>		
Disabilities (Please tick)			
Developmental e.g. ADHD, ADD, Autism Spectrum Disorder, Developmental delay, Down's syndrome, Dyspraxia, Dyslexia, Speech or language difficulties, other learning difficulties	<input type="checkbox"/>	Injury e.g. Long term affecting body or brain injuries	<input type="checkbox"/>
	<input type="checkbox"/>	Medical e.g. Asthma, allergies (which may require medical intervention), cystic fibrosis, heart condition, migraines, epilepsy.	<input type="checkbox"/>
Physical e.g. Spina bifida, other condition affecting mobility	<input type="checkbox"/>	Progressive e.g. Muscular dystrophy, multiple sclerosis	<input type="checkbox"/>
Mental Health e.g. Anxiety, depression, panic attacks, history of self-harm, eating disorder	<input type="checkbox"/>		<input type="checkbox"/>
Sensory e.g. Affected sight, hearing, taste or smell	<input type="checkbox"/>	I would prefer to self-describe	<input type="checkbox"/>
None i.e. No disability	<input type="checkbox"/>	I would prefer not to say	<input type="checkbox"/>

Primary Contact 1	Relationship	Mum	Dad	Other	
First Name					
Second Name					
Address 1					
Post Code					
Mobile Number					
Email Address					
Primary Contact 2	Relationship	Mum	Dad	Other	
First Name					
Second Name					
Address 1					
Address 2					
Post Code					
Mobile Number					
Emergency Contact (Only used if contact 1 or 2 unreachable)					
First Name					
Second Name					
Address 1					
Address 2					
Post Code					
Mobile Number					

I give consent for photos/videos of my child to be taken, stored and shared internally in the meeting location, local press, Scout websites and social media. I understand that if I later withdraw consent, previously published photos will not be able to be removed. (Regardless of this consent, the group/unit is not responsible for photos taken by other parties.)

Please Circle **Yes** **No**

I give consent for the storage and processing of sensitive personal information, including medical details (these are required for the safety of your child). I understand these may be shared with other Scout groups/organizers if/when my child moves sections or attends external events.

Please Circle **Yes** **No**

I agree to the Group sharing my phone number and name with other parents and members of the Group via a closed group via communication platforms, for example WhatsApp.

Please Circle **Yes** **No**

Signed by	
Parent/Carer	

General Information

The group takes no responsibilities for the lose of personal property either at our HQ or during an outdoor activity
All information is kept under the General Data Protection Regulations (GDPR) and will be deleted from any data or record system held by the group upon request or child leaving the Group....

We do have a facebook page and use WhatsApp for communications on events run by the Group or Sections, We use a central database called On-line Scout Manager this is a system for the storage of your childs information gathered on this form, we will send you a link to this and ask that you update the information and check your childs progress on badges