

86th Coventry Scout Group

PERSONAL INFORMATION SHEET

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

Any questions regarding this form, please contact Carol Slingsby 024 76721462



CHILD'S DETAILS			
SURNAME		FIRST NAME(S)	
ADDRESS		DATE OF BIRTH	
		GENDER	Male Female
		RELIGION	
SCHOOL THE CHILD IS CURRENTLY ATTENDING			
ARE THEY DUE TO MOVE UP TO A NEW SCHOOL IF SO WHICH ONE AND WHEN			
Any current special needs we should be aware of? i.e. Medical, Dietary, Educational, Social			

PARENT/GUARDIAN 1	
NAME	RELATIONSHIP TO CHILD
ADDRESS (if different from above)	OCCUPATION
	HOME TELEPHONE NUMBER
	MOBILE NUMBER
	EMAIL ADDRESS

PARENT/GUARDIAN 2	
NAME	RELATIONSHIP TO CHILD
ADDRESS (if different from above)	OCCUPATION
	HOME TELEPHONE NUMBER
	MOBILE NUMBER
	EMAIL ADDRESS

DOCTORS NAME	
Surgery Address	TELEPHONE NUMBER
	NHS NUMBER

Sometimes photos and video images of Scouts taking part in activities are submitted to local newspapers, the Group, District or County newsletters and website or put on display. If you have any objections please indicate that you are not willing for your child's image to be used in this way by ticking the box.

By giving us your email address you consent to receiving scouting news and information for upcoming events.

If any of the above information changes then this should be communicated to your leader as soon as possible.

The information given in this form will only be used by leaders and officers of the 86th Coventry Scout Group in the course of their scouting duties.

The information supplied in this form is accurate to the best of my knowledge

Signed _____ Date _____