



15th Cheltenham (SHURDINGTON)

Member Individual details

Surname :	Date of Birth :
Forenames :	N.H.S. number if available :
Parent / Guardians Address :	Family Doctor, Name & Address :
Home Telephone :	Telephone :
Mobile contact numbers	Relationship
1 st contact :	
2 nd contact :	

Health / Medical details		
Please read each question and answer YES or NO as appropriate	YES	NO
Is he / she allergic to anything? If YES give details below		
Does he / she suffer from diabetes, migraine, epilepsy, or any other illness or disability? If YES give details below		
Is he/she receiving any special dietary needs? If YES give details below.		
Is your child currently taking any regular medication? If YES give details below.		
Is there any other information of which we should be aware? If YES give details below.		
Comments (continue overleaf if necessary) :		

Name of Parent / Guardian :	Relationship to Young person :
Signature	Date :

15 th Cheltenham (Shurdington) Scout Group	Section :
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