



# 7<sup>th</sup> Newport (All Saints) Scout Group

## Medical Form

*(Strictly Private and Confidential)*

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Contact telephone numbers:

Home: \_\_\_\_\_

Emergency *(Please include telephone number, person and relationship)*

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

Details of any regular medication and any allergies or medical, dietary or education problems. *(continue on back of sheet if necessary)*

Doctor: \_\_\_\_\_ Surgery: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Would you be happy to be contacted by email with newsletters or details of group activities?*

Yes / No If yes, your email address: \_\_\_\_\_

*Would you be willing to complete a CRB form to become a leader/helper with the group?*

Yes / No