

# Team Member Health Form



## About you

District \_\_\_\_\_

Network /Fellowship/Other \_\_\_\_\_

First Names \_\_\_\_\_

Surname \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Email Address \_\_\_\_\_

Scout Membership number \_\_\_\_\_

## Emergency Contact

Please provide details of someone to contact in an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_

## Medical Information

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect your participation in all or part of this event.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Authorisation

To be completed by a Network Leader, Network Commissioner or District Commissioner.

***I confirm that the information provided in this form is accurate and the applicant is a current member of the Scout Association.***

Name \_\_\_\_\_

Position \_\_\_\_\_

District \_\_\_\_\_

Contact Number \_\_\_\_\_

## Data Protection

I accept that the Scout Network will be keeping information about my membership. The information provided will be used for Scouting purposes only.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



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