

The Woodcraft Folk — Group Member Registration Form — Strictly Confidential

Personal Profile / Health Form

Forenames.....Surname.....
 Woodcraft group.....
 Home address.....

 Date of Birth.....School.....
 Recent inoculations (within 5 years).....
 Date of last Tetanus injection.....NHS number.....
 Prescribed medicines (tablets, insulin etc).....
 Medical conditions (allergies, disabilities, etc).....

 Doctor's name and phone.....
 Special dietary needs.....
 Is there anything else we should know?.....

For Emergency Contact

Parent or guardian	Second contact person (optional)
Name.....	Name.....
Email.....	Email.....
Woodcraft membership number.....	Woodcraft membership number.....
Phone.....	Phone.....
Mobile.....	Mobile.....
Address (if different).....	Address (if different).....
.....
Some groups use email lists as an important means of communicating with parents, and there is a list for the whole Cambridge district with news of camps and other events.	
Add to group contact list:.....yes [].....no []	Add to group contact list:.....yes [].....no []
Add to district list:.....yes [].....no []	Add to district list:.....yes [].....no []

Consent Form

Please delete any section not permitted.

Travel

I give permission for her/him to travel unaccompanied by myself and agree that she/he will be under the authority of and responsible to the Group Leaders.

I give permission for her/him to travel in minibuses.

Swimming and Watersports

I give permission for her/him to go swimming and take part in watersports under the authority of and responsible to the Group Leaders.

Please ring swimming ability - Non-Swimmer 25m 50m 100m 1000m

Medical

If required, non-prescription medication, such as paracetamol, cough linctus, anti-histamine tablets may be given under the direction of the Group Leader.

If urgent medical treatment is required and I cannot be contacted personally, I give permission to the Doctor or Surgeon designated to make any decision that might prove necessary, knowing I shall be informed as soon as possible.

Publicity

I give permission for his/her photograph to appear on any publicity material, including the district web sites www.cambridge-woodcraft.org.uk and the national web site www.woodcraft.org.uk. No names will be published.

Child's email (optional)

Some groups have an email list for use by the children and group leaders.

I give permission for her/his email address to be shared with other members of the group and added to the group members' mailing list. She/he has agreed.

Child's email.....

I confirm I have parental responsibility for this child.

Name *(please print)*.....

Signed..... **Date**.....