



Activity Health & Information Form

DATA PROTECTION

This form is used to collect information about your young person for the purpose of the event named below, this is to be used by the section leadership team only. As part of this form we collect personal data about your young person. This detail is required so that we can register them for the event. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We may share your personal data in this form with third parties, for event registration. These third parties are used on the basis that they align with our data privacy policies. We take your personal data privacy seriously. The data you provide to us is securely stored [based on local arrangements] and will be kept for 2 months after the event for any queries that arise before being securely destroyed. For further detail please visit our Data Protection Policy [available at scouts.org.uk](https://www.scouts.org.uk).

Event: Weekly Scout Meetings (1st Sharnford Scout Group)

Date: 2025 - 2026 (Annually)

Location: Sharnford Evergreen Hall, Leicester Road, LE10 3PP

Meeting place and time: Main Hall @ Section Meeting Time

Collection place and time: Main Hall @ Section Meeting Time

Transport details: Own Transport Required

Activities: All risk assessed activities in line with POR as set in the programme of activities

Organiser and contact details: Liam Curtin (Group Lead Volunteer / Group Manager)
Group-Lead@Sharnfordscouts.org.uk

Contact details during the event: Group Telephone Number **(07355 585808)**
Group Email Address Admin@Sharnfordscouts.org.uk

Note: All activities will be run in accordance with The Scout Association’s safety rules. No responsibility for personal equipment/clothing and effects will be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this Form to: The Group Lead Volunteer

Name of adult:

D.o.B:

Emergency contact:

Phone:

Additional Information on your health that could be of importance in an emergency situation:

Doctor's name and contact details:

Details of any medications currently being taken:

Details of any disabilities, medical conditions, allergies, additional needs or cultural needs that organisers might need to be aware of:

Details of any infectious diseases you have been in contact with recently:

Signed:

Date:

Print Name:

Please Include below any Dietary & Allergies

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