

Medical & Permission Form – Over 18

[To be completed by the individual]

Personal Information:		
Surname:		Group/Unit:
First Name:	Date of Birth:	Email Address:
Home Address:	Mobile Number:	Registered Doctor Name & Address:
_____	Emergency Contact Name & Number:	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Information for our first aiders, (e.g. allergy to plasters, dietary needs):	Medical Conditions / Additional Needs / Prescribed medication taken during the event?

Photographs
<p>During Durham City Scout events and activities, members of our team, other members of the Scout Association and members of the public may be taking still and moving pictures. Pictures used by Durham City Scouts outside of the event/activity will only be used in accordance with Scout Association guidelines. Pictures taken by our team may be used during and after the event/activity in Durham City Scouts or the Scout Association publications, and in local newspapers, on websites or in other media channels. Please note by attending this event you are signifying your consent for pictures of yourself to be used in line with the above policy.</p>

Data Privacy
<p>I consent to the personal information contained in this form to be used for the purposes of administering the event including; ensuring that the correct security wristband is assigned, correct t-shirt size ordered and meal options provided (if applicable to the event); for providing any necessary first aid or any necessary pastoral support. We will not use this data for any other purpose, except in anonymised aggregate form to provide statistics for historical reference. We will securely destroy this form after the event, unless you are involved in a medical incident, in which case we shall keep the data and form for three years.</p>

Signed:	Date: