

# 4<sup>th</sup> Boxmoor Scout Group

## Confirmation of details

Upon completion please return this form to Pete West

First Name:

Surname:

Parent(s) Name:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode: <input type="text"/>

Date Of Birth:

Telephone Number:

Mobile Number:

**Medical details:**

Doctor's Name:

Telephone Number:

Doctor's Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

National Health Service Number:

Special Needs—medical, diet, other

School Attended:

Religion:

Any Allergies / Special Needs etc:

**I have no objection to the information above, being kept on computer. I understand that the information above will only be viewed and used by the Scout Association.**

Signed.....Print.....Date.....