



BRIDGETOWN DISTRICT SCOUT COUNCIL

DISTRICT ACTIVITIES - SCOUT REGISTRATION FORM

FULL NAME:

DATE OF BIRTH: RELIGION: GROUP:

PARENTS/GUARDIANS

In case of emergency, please contact:

NAME: TEL.#: (H) (W)

ADDRESS:

NAME: TEL.#: (H) (W)

ADDRESS:

MEDICAL INFORMATION

Does your son/ward have or is subject to:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> BLEEDING DISORDERS | <input type="checkbox"/> BRONCHITIS |
| <input type="checkbox"/> CONVULSIONS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> FAINTING SPELLS |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> MOTION SICKNESS | <input type="checkbox"/> NERVOUS CONDITION |
| <input type="checkbox"/> SLEEPWALKING | <input type="checkbox"/> OTHER | | |

Details:

Is he under medical care or taking medication? Details:

Date of last Tetanus Shot: Blood Group:

Is he covered by Medical Insurance? Details:

PARENTAL PERMISSION

I,, give permission for my son/ward,, to attend the Bridgetown District Scout Pioneering Camp from 16th October, 2009 to 18th October, 2009 at Hazelwood, Collymore Rock, St. Michael.

I understand that in the case of an emergency, it may be necessary for my son/ward to receive medical attention before I am notified. However, I will be contacted as soon after the emergency as possible.

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Parent/Guardian Date