



## 1<sup>st</sup> Marldon Beaver Scouts

### Activity Permission Form

***It is a requirement that we ensure that parents are aware of any activity that is planned to take place in the local area but not on scouting property. So please help us by ensuring that you grant your permission for your son/daughter to attend this term's proposed activities. Please note, if you do not return this form we may not be able to take your child on any activities away from the Scout Hut.***

I/We give permission for our beaver scout \_\_\_\_\_ to attend meetings during the Spring Term (January- April) 2019

I/We are aware that some of these meetings may be held away from the Group HQ, details of which are outlined on the programme that I/we have received.

I/We therefore give permission to any 1<sup>st</sup> Marldon Scout Leader to sign any permission that may be required in the case of an accident should I/we not be available.

Please state below if your child has a disability or condition that might be affected by any of the proposed activities: \_\_\_\_\_

Please give details of any medication or medical treatment he/she is currently receiving: \_\_\_\_\_

Date of Last Tetanus Injection: \_\_\_\_\_

Doctors Name & Surgery: \_\_\_\_\_

My/Our contact number throughout the term will be \_\_\_\_\_

An alternative number will be \_\_\_\_\_

I give permission for photographs or videos to be taken of my child whilst taking part in Scouting activities and for photographs to be displayed in the meeting place and on the Groups website and Social Media accounts to positively promote Scouting and publicise the Scout Group. **YES** **NO**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Relation to Child \_\_\_\_\_

Dated: \_\_\_\_\_

[1stmarldonbeaverscouts@gmail.com](mailto:1stmarldonbeaverscouts@gmail.com)

*The personal information provided is used to assist the leaders run the Section. All information is securely disposed one month after the programme and new details requested. 1<sup>st</sup> Marldon Scout Group will store this personal information on this and other forms in accordance with the General Data Protection Regulation. Your information will not be shared outside of The Scout Association.*

*You are able to request a review of the data held.*

*In signing this form, you give the group permission to use your data. We value your privacy and will never share your details with a third Party. You have the right to decline this permission. Please speak to the Group Scout Leader for more information*