



New Member Information Form

Child's full name: _____ Address: _____

Date of birth: _____

School: _____

Telephone number: _____ Post code: _____

Mobile number(s): _____

Parents E-mail address: _____

What are his/her hobbies or interests? _____

Details of any relevant conditions, allergies or special needs: _____

Does he/she take any medication? _____

Name(s) and date(s) of birth of your other children:

Father's name: _____ Mother's name: _____

Father's occupation: _____ Mother's occupation: _____

Previous Scout/Guide involvement:

Father: _____ Mother: _____

Are you members of Edgware and District Reform Synagogue?

If not, please state where (or if) you are members: _____

If given enough notice, would you be able to help out with Cub Pack activities? YES / NO

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed: _____ Date: _____

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.