



# 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.

.....  
Parent/Guardian Date