Activity Information Form

Scouts

DATA PROTECTION

This form is used to collect information about your young person for the purpose of the event named below, this is to be used by the section leadership team only. As part of this form we collect personal data about your young person. This detail is required so that we can register them for the event. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We may share your personal data in this form with third parties, for event registration. These third parties are used on the basis that they align with our data privacy policies. We take your personal data privacy seriously. The data you provide to us is securely stored by the Beaver Leader Team and will be kept for 2 months after the event for any queries that arise before being securely destroyed. For further detail please visit our Data Protection Policy available at scouts.org.uk..

Please keep this top section for your own information. Detach and return the bottom section to the organiser.

Event: France 2027

Date: 19th-21st March & 28th May-1st June 2027 **Location:** The Fort, London and Rue, France

Meeting place and time:

Collection place and time:

Transport details:

Activities: Sleepover in building, Craft Activities, Outdoor activities

Further details (including supervision arrangements where the section leaders will not be present): Leader supervision at all times.

Organiser and contact details: Lambeth Programme Team – lsfrance2027@lambethscouts.org.uk

Contact details during the event:

Note: All activities will be run in accordance with The Scout Association's safety rules. No responsibility for personal equipment/clothing and effects will be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section within 48hrs of receiving the email

Event: Practice Camp London & France 2027

Name of young person: _____ **D.o.B:** _____

Emergency contact: _____ **Phone:** _____

Doctor's name and contact details:

Details of any medications currently being taken:

Details of any disabilities, medical conditions, allergies, additional needs or cultural needs that organisers might need to be aware of:

Details of any infectious diseases they have been in contact with in the last three weeks:

Please turn over.

Additional consents;

I consent to leaders administering paracetamol ('Calpol') to my child if required	Yes/No/Discuss*
I consent to leaders administering antihistamine ('Piriton') to my child if required	Yes/No/Discuss*
I consent to leaders assisting my child with personal care if necessary	Yes/No/Discuss*
I consent to photographs of my child being shared in group chats (individuals will not be named)	Yes/No/Discuss*

*Note that in the case of 'discuss' we will not administer medication, share photos or assist the child unless this has been discussed with a parent by phone. Two leaders will always be present when assisting a child and dignity and respect will be maintained.

I have noted the arrangements above and agree to the named young person taking part.

Signed: Date:

Relationship to young person: