

# Stroud Valleys Woodcraft Folk Membership and Health Form

*Please give the completed form to your Group Membership Leader.  
The form will be kept in the group file. Please update if key info changes!*

Name of child/young person:

Date of birth:

Address (or main address):

School attended:

Name of parent/guardian 1:

phone:

email:

Names and phone numbers of parent 2/guardian/other key contacts, if any:

**Health Information:** please give details and relevant information if appropriate:

- Does she/he have any allergies?
- Is she/he actively sensitive to penicillin?
- Is she/he receiving any medical treatment at present?
- Does she/he suffer from asthma, diabetes, migraines, epilepsy, bad period pains, or any other medical condition or impairment?
- Does she/he have any special dietary needs?
- Date of last tetanus injection if known:
- Can she/he swim 50 metres?
- Name, address & phone number of child's doctor/doctor's surgery:

**Data Protection:** The information you provide will be shared between adult members of the Woodcraft Folk on a "need to know" basis.

**Child Protection:** All leaders are required to be members of the Woodcraft Folk. Application for membership requires you to be checked for offences relevant to working with children, via the DBS system. On overnight stays e.g. camps, only Woodcraft members with an approved DBS Enhanced Certificate may attend.

**Consent (please cross out if you do not consent or agree to any of these):**

1. I agree to the named child taking part in Woodcraft Folk activities.
2. I consent to the use of photographs including this child during SVWF events on the SVWF website and/or SVWF public Facebook page
3. I consent to emergency medical treatment in the event that any delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child.

Name and signature

Date: