



We need to collect certain contact and medical information from all our members so we can make sure our records are up to date. Please complete and return this form to your child's section leader at the next meeting.

Name of Young Person

Date of Birth

Address

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Name of Parent / Guardian (Primary Contact)

Relationship to Young Person

Primary email address

Mobile Telephone Number

Landline (if applicable)

Primary Contact 2

Relationship to Young Person

Email

Mobile Telephone Number

Emergency Contact Name

Emergency Contact Number

Drs Surgery, address and telephone number



School attended

Known allergies

Dietary requirements

Registered disabilities

Regular medications

Can your child swim unaided?

Any other relevant information?

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