

Please complete the information required in the table below, and return to us as soon as possible at: [uppermillscouts@gmail.com](mailto:uppermillscouts@gmail.com)

|  |  |
| --- | --- |
| Name of Scout / Explorer |  |
| Name of next of kin: |  |
| Relationship: |  |
| Contact details (in case of emergency) |  |
| Is the young person taking any medication? | Y / N (if yes please detail below) |
| Please detail any disabilities, conditions, allergies, special needs or cultural needs: |  |
| Are there any dietary requirements? | Y / N (if yes please detail below) |
| Has s/he been in contact with any infections details in the last 3 weeks? | Y / N (if yes please detail below) |
| Doctor’s name: |  |
| Doctor’s address: |  |
| Doctor’s phone number: |  |

Please select T shirt size (measurements below are chest size:

| 28-30” 71-76cm | 30-32” 76-81cm | 32-34” 81-86cm | 36-38” 87-92cm | 38-40” 92-97cm | 40-42” 97-102cm |
| --- | --- | --- | --- | --- | --- |
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