



Personal Information Form

Please return as soon as possible.

Personal Information:	
Full Name: _____	Date of Birth: ____/____/____
Address: _____ _____	Home Telephone Number: _____ Own Mobile Number: _____
Post Code: _____	Email: _____
Emergency Contact Information:	
Parent/Guardian's Name(s): _____	
Parent/Guardian's Telephone number(s) (if different to above): _____	
Own Doctor's Name: _____	
Own Doctor's Address: _____ _____	
Own Doctor's telephone number: _____ HNS Number: _____	
Health Information:	
Please detail any special needs or health issues that may affect your child during Explorers: _____ _____	
Other details:	Signed (Parent/Guardian): _____
Can you swim 50m unaided? <input type="checkbox"/>	Print: _____
Sometimes photos and video images of Scouts taking part in activities are submitted to local newspapers, the Unit, Group, District or County newsletters and website or put on display. If you have any objections please indicate that you are not willing for your child's image to be used in this way by ticking the box: <input type="checkbox"/>	Date: ____/____/____



Didsbury Viking Explorer Scout Unit

Headquarters: The Lodge, School Lane, Didsbury, Manchester, M20 6RG **Website :** www.dvesu.co.uk

Contact: Sam Collins & Rachel O'Callaghan **e:** leaders@dvesu.co.uk

Affiliated Groups : 2/88th South Manchester

District Commissioner: Ian Carey