## **Durham Scouts**

Medical & Permission Form – Over 18 [To be completed by individual]



Surname	Group
First Names	Date of Birth
Home Address  If different at time of event please use back of form.	Family Doctor's Name and Address
Emergency Contact Name	Emergency Contact Phone No
Information for our onsite first-aider	
(e.g. allergy to sticking plaster, dietary needs)	
Medical Conditions / Additional Needs	

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## **Photography Policy**

During Durham Scout events and activities, members of our media team, other members of the Scout Association and members of the public may be taking still and moving pictures. Pictures used by Durham Scout County outside of the event/activity will only be used in accordance with Scout Association guidelines and Durham Scout County Digital Media Policy. Pictures taken by our media team may be used during and after the event/activity in Durham Scout or the Scout Association publications, and in local newspapers, on websites or in other media channels. Local newspapers and TV stations may also attend events/activities to provide external media coverage and members of the press will be accompanied at all times by a member of the event or activity staff/leader team. We will seek your specific permission if we wish to use your picture in any promotional or advertising material.

We cannot be responsible for any photographs taken by persons outside the Events Team and the County Media Team.

We will make every effort to ensure that the County Media team and Event Management Team are aware of any non-consenting individuals.			
Photography Consent			
I am happy for photos, video and audio to be taken and pu undertaking Scouting activities across all channels.	ublished of myself in this form whilst		
For safeguarding reasons I do not want any photos, video of myself in this form to be taken or used.			
Data Privacy			
I consent to the personal information contained in this form relating to myself, and my t-shirt size and information about my diet to be used for the purposes of administering the event, including; ensuring that the correct security wristband is assigned, correct t-shirt size ordered and meal options provided (where applicable to the event), for providing any necessary first aid or any necessary pastoral support. We will not use this data for any other purpose, except in anonymised aggregate form to provide statistics for historical reference. We will securely destroy this form after the event and we will delete this data one year after the event ends, unless you are involved in a medical incident, in which case we shall keep the data and form for three years.			
Consent			
Signed	Date		