

Scout Personal Data Collection Form

Name: _____ Nickname: _____

BSA ID#: _____

Sex: M / F

Address: _____ Mailing: _____

Phone(s) Home: (____) _____

DOB: ____/____/____

_____ : (____) _____

Grade: _____

_____ : (____) _____

School: _____

Email: _____

Joined Unit: ____/____/____ Boys' Life: Y / N

Cub From: ____/____/____ Cub To: ____/____/____ Highest Cub Badge: _____

Health form on file: Y / N

Date

Emergency Contact(s): _____ Phone: (____) _____ Health Form A: ____/____/____

_____ Phone: (____) _____ Health Form B: ____/____/____

Doctor: _____ Phone: (____) _____ Health Form C: ____/____/____

Insurance: _____ Phone: (____) _____ Tetanus: ____/____/____

Insurance Policy: _____ Group: _____

Medications: _____

Allergies: _____

Other: _____

Father: _____ Mother: _____

Guardian: Y / N Guardian: Y / N

Phone(s) Work: _____ Phone(s) Work: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Drivers Lic: _____ ST: ____ Drivers Lic: _____ ST: ____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Insurance (in thousands)

Vehicle(s) (year/make/model # Belts Lic Plate Hitch Per Person Per Accident Property

_____ Y / N _____

_____ Y / N _____

Remarks: _____