



Scout Personal Information Form

Name: _____ **Nickname:** _____ **BSA ID#:** _____

Address: _____ **Mailing:** _____

Cell: _____ **DOB:** __/__/__

Home: _____ **Grade:** _____

Other: _____ **School:** _____

Email: _____ **Church:** _____

Joined Unit: __/__/__ **Cub From:** __/__/__ **Cub To:** __/__/__ **Highest Cub Badge:** _____

Emergency Contact(s): _____ **Phone:** _____

_____ **Phone:** _____

Doctor: _____ **Phone:** _____

Insurance: _____ **Phone:** _____

Insurance Policy: _____ **Group:** _____

Medications (daily): _____

Allergies: _____

Other: _____

Last Tetanus Shot: _____

Health Medical Form Date: Part A: _____ **Part B:** _____ **Part C:** _____

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

_____ Y / N _____

_____ Y / N _____

Father: _____ **Mother:** _____

Nickname: _____ **Nickname:** _____

Cell: _____ **Work:** _____ **Cell:** _____ **Work:** _____

Email: _____ **Email:** _____

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

Employer: _____ **Employer:** _____

Occupation: _____ **Occupation:** _____

Occupation Type: _____ **Occupation Type:** _____