



Scout Personal Information Form

SCOUT INFORMATION

Last: _____ First: _____ Middle: _____

BSA ID#: _____ Nickname: _____

Address : _____

City: _____ State: PA Zip: _____

Home Area: _____ Number: _____ **Cell** Area: _____ Number: _____

Email: _____

DOB: dd: _____ mm: _____ yy: _____ D/L#: _____ ST: PA

Patrol: _____

Grade: _____ School: _____ Church: _____

Joined Unit: dd: _____ mm: _____ yy: _____

MEDICAL INFORMATION - (PLEASE NOTE ALLERGIES AND SPECIAL NEEDS ON SEPARATE PAGE)

Please attach copy of Scouts Medical Ins. Card

Area: _____ Number: _____ Ext: _____

Emergency Contact 1: _____

Emergency Contact 2: _____

Scout's Doctor: _____

Insurance Company: _____

Policy #: _____

Policy Group #: _____

Last Physical: dd: _____ mm: _____ yy: _____

Last Tetanus: dd: _____ mm: _____ yy: _____

PARENT/GUARDIAN INFORMATION

Father: _____

Mother: _____

Day Phone: _____ Cell Phone: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Email: _____

DL#: _____ Occ.: _____

DL#: _____ Occ.: _____

VEHICLE INFORMATION (THIS IS USED TO PROVIDE EXCESS INSURANCE WHEN YOU DRIVE ON A SCOUT TRIP)

(Insurance in thousands)

| Year | Make | Model | # Belts | Per Person | Per Accident | Property |
|------|------|-------|---------|------------|--------------|----------|
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |