

Scout Personal Data Collection Form

Name: _____
BSA ID#: _____

Nickname: _____

Address: _____

Mailing: _____

Phone(s) Home: () _____
: () _____
: () _____

DOB: ____/____/____
Grade: _____
School: _____

Email: _____

Joined Unit: ____/____/____ Became Tiger: ____/____/____ Became Cub: ____/____/____ Boys' Life: Y/N
Eligible Webelos: ____/____/____ Became Webelos: ____/____/____

Health form on file: Y/N
Emergency Contact(s): _____ Phone: () _____ Class 1 Phys: ____/____/____

Doctor: _____ Phone: () _____ Class 2 Phys: ____/____/____
Insurance: _____ Phone: () _____ Class 3 Phys: ____/____/____
Insurance Policy: _____ Phone: () _____ Tetanus: ____/____/____
Medications: _____ Group: _____
Allergies: _____
Other: _____

Father: _____
Guardian: Y/N

Mother: _____
Guardian: Y/N

Phone(s) Work: _____
: _____
: _____

Phone(s) Work: _____
: _____
: _____

Email: _____

Email: _____

Drivers Lic: _____ ST: ____
Employer: _____
Occupation: _____

Drivers Lic: _____ ST: ____
Employer: _____
Occupation: _____

Vehicle(s) (year/make/model)	# Belts	Lic Plate	Hitch	Insurance (in thousands)		
				Per Person	Per Accident	Property
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____

Hobbies: _____

Sign Language: Y/N

Remarks: _____