

07/25/16

Scout Personal Data Collection Form

Name: _____ BSA ID#: _____ Gender: M / F

Address: _____

_____ Mailing: _____

Email: _____ DOB: __/__/__
Phone: _____ School: _____ Grade: ____
_____ Drivers License: _____ State: ____
_____ Place of Worship: _____

Joined Unit: __/__/__ Cub From: __/__/__
Boys' Life: Yes / No Cub To: __/__/__ Highest Cub Badge: _____

Patrol: _____ Swimming Level: _____ Date: __/__/__

Leadership Position: _____ Date: __/__/__

Emergency Contact: _____ Phone: _____ Health form on file: Y / N
_____ Health Form A: __/__/__
_____ Health Form B: __/__/__
_____ Health Form C: __/__/__
Group: _____ Health Form D: __/__/__
_____ Tetanus: __/__/__

Doctor: _____
Insurance: _____
Policy: _____
Medications: _____
Allergies: _____
Other: _____
Special Needs: _____

Church: _____
Fees Paid: _____

Remarks: _____

Father: _____ Mother: _____
Email: _____ Email: _____
Phone: _____ Phone: _____

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

Vehicle	Seat Belts	Lic Plate	Hitch	Insurance (in thousands)		
				Per Person	Per Accident	Property
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____