

11/02/2021

Scout Personal Data Collection Form

Name: _____ **BSA ID#:** _____ **Gender:** _____

Address: _____ **Mailing:** _____

Email: _____ **DOB:** _____
Home Phone: _____ **School:** _____ **Grade:** _____
Work Phone: _____ **Drivers License:** _____ **State:** _____
Cell Phone: _____ **Place of Worship:** _____
Cell Provider: _____

Joined Unit: _____ Cub From: _____
Scouts' Life: _____ Cub To: _____ Highest Cub Badge: _____

Patrol: _____ **Swimming Level:** _____ **Date:** _____

Leadership Position: _____ **Date:** _____
Leadership Position: _____

Emergency Contact: _____ Phone: _____ Health form on file: _____
Emergency Contact: _____ Health Form A: _____

Doctor:	_____	Phone:	_____	Health Form C:
Insurance:	_____	Phone:	_____	Health Form D:
Policy:	_____	Group:	_____	Tetanus:
Medications:	_____			
Allergies:	_____			
Other:	_____			
Special Needs:	_____			

Remarks:

Father:	_____	Mother:	_____
Email:	_____	Email:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Cell Phone:	_____	Cell Phone:	_____
Cell Provider:	_____	Cell Provider:	_____

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

<u>Vehicle (yr/make/model)</u>	<u>Seat Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____		_____	_____	_____