

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: () _____
Phone: () _____
Phone: () _____
Phone: () _____
Group: _____

Date
Class 1 Phys: ____/____/____
Class 2 Phys: ____/____/____
Class 3 Phys: ____/____/____
Tetanus: ____/____/____

Doctor: _____
Insurance: _____
Insurance Policy: _____
Medications: _____
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	_____	_____	_____

Remarks: _____