

TROOP 228 SCOUT PERSONAL DATA COLLECTION FORM

(Please see reverse side for directions and guidelines for completing this form)

Scout Personal Information	
Name: _____	Nickname: _____
Address: _____ _____	Mailing: _____ _____
Home Phone: _____	DOB: _____
Grade: _____	School: _____
Email: _____	
<i>NOTE: This will be the primary e-mail for the troop to contact the family</i>	

Prior CUB SCOUT Experience
Pack Number: _____ Council Name: _____
From __/__/__ through __/__/__ (dates can be approximate) Highest Cub Rank _____

Emergency Medical Information
Emergency Contact: _____ Phone: (____) _____
<small>(Note: parents will always be called first, this number is in case we cannot contact you)</small>
Doctor: _____ Phone: (____) _____
Insurance: _____ Policy: _____
Medications: _____
Allergies: _____
Other: _____

Vehicle Information				
Vehicle(s) (Year/Make/Model)	#Belts	Insurance (in thousands)		
		Per Person	Per Accident	Property
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Information	
Father: _____	Mother: _____
Work Phone: (____) _____	Work Phone: (____) _____
Cell Phone (____) _____	Cell Phone (____) _____
Pager (____) _____	Pager (____) _____
Additional Email _____	Additional Email: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Address (if different) _____	Address (if different) _____
_____	_____

Prior BOY SCOUT Experience	
<i>(Not applicable for newly-bridged Webelos)</i>	
From __/__/__ through __/__/__ Troop # _____	Council Name: _____
From __/__/__ through __/__/__ _____	_____