

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Class 2 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Class 3 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Policy: \_\_\_\_\_

Group: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Guardian: Y / N

Guardian: Y / N

Phone(s) Work: \_\_\_\_\_

Phone(s) Work: \_\_\_\_\_

\_\_\_\_\_:

\_\_\_\_\_:

\_\_\_\_\_:

\_\_\_\_\_:

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers Lic: \_\_\_\_\_    ST: \_\_\_\_

Drivers Lic: \_\_\_\_\_    ST: \_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Church: \_\_\_\_\_

Remarks: \_\_\_\_\_