



Scout Data Entry Form



NOTE CONCERNING HEALTH INFO: Please write any additional health related information for your Scout on a separate sheet of paper and attach it to this form.

Assigned to Patrol: _____
 Scout Rank: _____
 Scout Position: _____
 Date of Birth: _____
 Date Joined: _____
 School Grade: _____
 Member Status: _____
 Brothers in Troop: _____
 Boys Life ? (Y/N): _____

Scout's First Name: _____
 Middle Name: _____
 Last Name: _____
 Address 1: _____
 Address 2: _____
 City: _____
 State: _____
 Zip Code: _____
 Home Phone #: _____

Father / Guardian Name: _____
 Employer: _____
 Job Position / Title: _____
 Call At Work OK ? : _____
 Work Shift: _____
 Home Phone #: _____
 Work Phone #: _____
 Mobile Phone #: _____
 Fax Phone #: _____

Mother / Guardian Name: _____
 Employer: _____
 Job Position / Title: _____
 Call At Work OK ? : _____
 Work Shift: _____
 Home Phone #: _____
 Work Phone #: _____
 Mobile Phone #: _____
 Fax Phone #: _____

Boys / Parents Hobbies: _____
 Available Resources : _____

Emergency Contact: _____
 Relationship: _____
 Address 1: _____
 Address 2: _____
 City, State, Zip Code: _____
 Home Phone #: _____
 Work Phone #: _____
 Mobile Phone #: _____
 Family Physician: _____
 Physician's Phone #: _____
 Insurance Company: _____
 Insurance Group #: _____
 Insurance Policy #: _____

Asthma: _____
 Convulsions: _____
 Diabetes: _____
 Heart Trouble: _____
 Fainting Spells: _____
 Bleeding Disorders: _____
 Eyes ears nose throat: _____
 Sleep Walking: _____
 Lungs: _____
 Digestion: _____
 Other: _____

Allergy or reaction to any food, medications, plants, animals, or insects: _____
 Any condition that may require special care, medication, or diet: _____
 Any condition now requiring regular medication: _____
 Any restriction of activity for medical reasons (explain): _____