

# Troop 97 Personal Data Collection Form

Scout Information				
Last Name		First Name		Middle Name
BSA ID #		Nickname (if any)	School	Grade
Home Address		Mailing Address (if different)		
Personal Email Address (if any)		Date of Birth	Non-Parental Emergency Contact (Name, Phone, Relationship)	
Home Phone		Cell Phone		Physician (Name, Phone, Practice Name)
Date Joined T97	Cub Scout Membership Dates (From and To) (if applicable)	Highest Cub Badge and date Arrow of Light awarded (if applicable)		Current Boys Life Subscription? (Y/N)
Prior Boy Scout Membership? (From and To dates, Unit #, Council, rank)		Medical/Behavioral Alerts (Allergies, mandatory medications, behavioral conditions, disabilities)		
Medical Insurance Information (Company, policy #, membership #, claims phone #)				

Parental Information	
Father:	Mother:
Address:	Address:
Email Address(s)	Email Address(s)
Work Phone	Work Phone
Cell Phone	Cell Phone
Other Phones (identify)	Other Phones (identify)
Drivers License #/State	Driver's License #/State
Employer	Employer
Occupation	Occupation
Significant Other (if applicable)	Significant Other (if applicable)