



# Scout Personal Data Form

Scout Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
 \_\_\_\_\_ School: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

### Please list email addresses to use to send troop information:

Parent email: \_\_\_\_\_ Additional parent email: \_\_\_\_\_  
 Scout email: \_\_\_\_\_

Father Name: \_\_\_\_\_ Mother Name: \_\_\_\_\_  
 Guardian: Y / N Guardian: Y / N  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Driver's License: \_\_\_\_\_ ST: \_\_\_\_\_ Driver's License: \_\_\_\_\_ ST: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Auto Insurance Coverage (in thousands)

Vehicle(s) (Year/Make/Model)	#Belts	License Plate	Per Person	Per Accident	Property
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

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

Other Medical info: \_\_\_\_\_  
 \_\_\_\_\_