

Troop 24 Scout Information Form

SCOUT

Scout's Name _____

Scout's Home Address _____

Scout's Home Telephone _____

FATHER

Father's Name _____

Father's Address (if different than scout) _____

Father's Date of Birth _____

Father's Driver's License Number _____

(needed for drivers on BSA tour permits)

Father's Home Telephone (if different than scout) _____

Father's Work Phone _____

Father's Cell Phone _____

Father's e-mail address _____

MOTHER

Mother's Name _____

Mother's Address (if different than scout) _____

Mother's Date of Birth _____

Mother's Driver's License Number _____

(needed for drivers on BSA tour permits)

Mother's Home Telephone (if different than scout) _____

Mother's Work Phone _____

Mother's Cell Phone _____

Mother's e-mail address _____

*Return form at a scout meeting, or
to Nancy Hopkins, 207 Northwood, Riverside.*

SCOUT MEDICAL INFORMATION

Please fill out this section for any **ongoing** medical or other issues. For instance, if your son should be restricted from horseback riding, is it because he is allergic to horses and should NEVER ride horses (list on this form), or because his leg is in a cast (list on the registration form for the specific outing because it's a temporary condition).

My son is allergic to (or susceptible to):

My son should be restricted from:

My son takes the following medication for (list things such as inhalers for asthma, other medications that are taken on a regular and ongoing basis that may need to be taken during a scout outing):

AUTO INFORMATION

Information about parents' automobiles is needed for BSA Tour Permits, so we would like to collect information for any family car you might possibly drive to an outing.

Year	Manufacturer	Model	# Passengers in addition to driver (must have seat belts)
------	--------------	-------	--

YES, we have auto insurance with coverage of at least
\$ 50,000 Liability per person
\$100,000 Liability per accident
\$ 50,000 Property damage