

Pack 36 Personal Information Form

Please provide the following information. It is used to help ensure a safer and more fun program for your Scout. One copy of this form will be kept by the den leader, another by the pack's secretary. This form will not be used outside of the pack except in an emergency

BASIC INFORMATION

Scout's Name: _____

Home Address: _____

Address: _____

City, ST, Zip: _____

Phone Number: _____

Mother's Name: _____

Address, if different: _____

Phone, if different: _____

Father's Name: _____

Address, if different: _____

Phone, if different: _____

In case of emergency, notify:

Name: _____

Phone #(s): _____

Relationship: _____

Other Contact: _____

Other: _____

E-mail Address: _____

Birth Date: _____

School: _____

Date joined our pack: _____

MEDICAL INFORMATION

Some activities, such as summer camp, may require a more detailed medical history.

Are all immunizations up to date? _____

What medications does the Scout take that the leaders should know about? _____

Note: all medical needs are the responsibility of the family. If your child requires medications or therapy, it is up to the parents to ensure it is taken care of.

Any restriction of activity for medical reasons? _____

Any allergies or sensitivities?

Please describe and health or behavioral concerns that the leaders need to know about: _____

PERMISSION SLIP

This information is accurate and current so far as I know.

This Scout has my permission to participate in pack or den activities carried out under the policies of the BSA, except as noted above.

Signature: _____

(Print your name here): _____

Date: _____

If I cannot be reached in an emergency, I hereby give permission to the physician selected by the leader in charge, to hospitalize, secure proper anesthesia, or to order an injection or surgery for my son.

Signature: _____

(Print your name here): _____

Date: _____

DRIVER'S INFORMATION

Having this information on file makes it easier to complete the forms **we use** to protect all drivers on Scout-related trips.

Vehicle #1

Make, Model, Year: _____

Primary driver: _____

Driver's license # and state: _____

of passengers with seatbelts: _____

Public liability insurance, per person: _____

Public liability insurance, per accident: _____

Property damage insurance: _____

Vehicle #2

Make, Model, Year: _____

Primary driver: _____

Driver's license # and state: _____

of passengers with seatbelts: _____

Public liability insurance, per person: _____

Public liability insurance, per accident: _____

Property damage insurance: _____

PARENTS' INTEREST SURVEY

This section helps us get to know you better, and to see how we can use your special interests and skills to provide a better program for the Scouts.

What is your own Scouting history (including related youth organizations)? _____

Which of the following do you have access to, and are willing to consider allowing us access to?

I would consider helping with:

- | | | |
|--------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Storing | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Sewing | <input type="checkbox"/> Skits, drama |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Blue & Gold | <input type="checkbox"/> Derbies |
| <input type="checkbox"/> The library | <input type="checkbox"/> Carpentry, building | <input type="checkbox"/> Record keeping |
| <input type="checkbox"/> Other _____ | | |

As a general rule of thumb, I feel most comfortable working with:
(Please rate these from 1 (best) to 4 (lowest))

_____ Working with youth

_____ Working with adults

_____ Working with ideas and plans

_____ Working with things and materials

I would consider helping in the following areas:

Webelos Activity Pins:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Aquanaut | <input type="checkbox"/> Artist |
| <input type="checkbox"/> Athlete | <input type="checkbox"/> Citizen |
| <input type="checkbox"/> Communicator | <input type="checkbox"/> Craftsman |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> FamilyMember |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Forester | <input type="checkbox"/> Geologist |
| <input type="checkbox"/> Outdoorsman | <input type="checkbox"/> Naturalist |
| <input type="checkbox"/> Readyman | <input type="checkbox"/> Scholar |
| <input type="checkbox"/> Scientist | <input type="checkbox"/> Showman |

Other Areas of Interest:

- | | |
|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Nature | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Electricity, electronics | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Safety (police, fire, etc.) | <input type="checkbox"/> First-aid, medical |
| <input type="checkbox"/> Reading, Writing | <input type="checkbox"/> Machinery |
| <input type="checkbox"/> Wild animals | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Farming | <input type="checkbox"/> Music, singing |
| <input type="checkbox"/> Magic, puppetry | <input type="checkbox"/> Games |
| <input type="checkbox"/> Other: _____ | |

Cub Scout Academics Program:

- | | |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Geography | <input type="checkbox"/> Heritages |
| <input type="checkbox"/> Music | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Science |

Cub Scout Sports Program:

- | | |
|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Bicycling |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Marbles |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Skating (ice, roller) |
| <input type="checkbox"/> Table | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Tennis |
| | <input type="checkbox"/> Ultimate (Frisbee) |

Is there anything about your job, place of employment, or other places you are associated with that would be of interest?

