

Troop 40 Adult Information Form

Name	
Birthdate	
Allergies	
Pertinent medical Info. (optional – for emergency use only)	

Spouse's Name: _____

Address: _____

Telephone: (home) _____ **(work)** _____

(Others: cell, pager, etc.) _____

Emergency Contact # (Someone other than spouse) _____

Doctor's name & telephone: _____

Health Insurance (Company/policy #) _____

E-Mail ; PRINT clearly ALL accounts troop should send Newsletter/announcements to: _____

Driver/Vehicle Information (Please list each vehicle used to transport Scouts)

Year /Make/Model	Amount of Liability Insurance	# of seatbelts

Drivers: (License #) _____

Completed Safe Environment N___ Y___ **Date** _____

Completed Youth Protection Training N___ Y___ **Date** _____