

Troop 40 Scout Information Form
One per Scout Family (use one column for each Scout)

Scout's name AND Birthdate		
Allergies		
Health Issues		
Social/ Educational Issues		
Regular Daily Medications		

Parent's Names: _____

Address: _____

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

(Others: cell, pager, etc.) _____

Emergency Contact # (Someone other than parent) _____

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: (Names & License #) _____

Parent(s) Completed Safe Environment Name(s) _____ **N** ___ **Y** ___ **Date** _____

Parent(s) Completed Youth Protection Name(s) _____ **N** ___ **Y** ___ **Date** _____

Waiver of Responsibility

I, _____ as parent/guardian of, _____

Hereby give my permission for him to be transported to/from and participate in all Scouting activities related to Troop 40. On all troop activities, I agree to his participation and waive all claims against the leaders, officers, agents and representatives of the Boy Scouts of America and the sponsor, St. Columba. I certify that, to the best of my knowledge, my son is in good health and know of no physical limitations that would prevent my son from full participation in scouting activities.

In the event of illness or injury to my son, I, as parent/guardian, hereby authorize any of the registered troop leaders and other health care providers to render whatever first aid or emergency medical care deemed necessary in order to assure the well being of my son.

Also, I accept the responsibility to pickup my son from an activity if he misbehaves or is out of line and the Scoutmaster or Asst. Scoutmaster calls me to do so.

Parent/Guardian signature _____ Date _____

I, _____ as parent/guardian of, _____

Hereby give my permission for him to be transported to/from and participate in all Scouting activities related to Troop 40. On all troop activities, I agree to his participation and waive all claims against the leaders, officers, agents and representatives of the Boy Scouts of America and the sponsor, St. Columba. I certify that, to the best of my knowledge, my son is in good health and know of no physical limitations that would prevent my son from full participation in scouting activities.

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Parent/Guardian signature _____ Date _____