

2016-2017 Pack 922: Cub Scout Contact & Emergency Information

Scout's Name: _____

Birth day: _____ Age: _____ Grade in School: _____

Father's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Mother's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact (other than Mother or Father)

Name: _____ Relationship to Scout: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Doctor's Name: _____

Address: _____

Office Phone: _____ Office Fax: _____

Medical Insurance Co: _____

Policy #: _____ Id#: _____

Please list all allergies or reactions to:

Medications, food, plants or insect bites: _____

Please list all medications currently prescribed for your son below. Include reason, dosage and times to be given:

1. _____
2. _____
3. _____

All medication(s) shall be turned over to the adult leaders with written instructions for their use. Please list any and all medical conditions, and/or limitations that we should be aware of:

1. _____
2. _____
3. _____

We (I) give the adult leaders permission to act on our (my) behalf should an emergency arise and they are unable to contact us immediately. The adult leaders of Pack 922 will make every effort to contact the parent's of the scout listed using the information provided on this form. We will only use this information for this sole purpose. Please note that no scout will be able to attend any outside functions unless this form has been filled out completely and signed.

Parent(s) Signature: _____ **Date:** _____

_____ **Date:** _____