

Troop 180 Emergency Contact

Scout Name _____	Age _____
Address _____ _____	Apt# _____
City, State, Zip _____	Home Phone _____
	Cell Phone _____

Emergency Contacts

Name _____
Address _____
City, State _____
Relationship _____
Home Phone _____
Cell Phone _____
Alt Phone _____
Allowed to pick up scout? _____

Name _____
Address _____
City, State _____
Relationship _____
Home Phone _____
Cell Phone _____
Alt Phone _____
Allowed to pick up scout? _____

Name _____
Address _____
City, State _____
Relationship _____
Home Phone _____
Cell Phone _____
Alt Phone _____
Allowed to pick up scout? _____

Name _____
Address _____
City, State _____
Relationship _____
Home Phone _____
Cell Phone _____
Alt Phone _____
Allowed to pick up scout? _____

BSA Part A/B on file _____
Insurance card on file _____

Do Troop 180 leaders and volunteers have permission to deliver your child to the nearest medical facility in case of emergency? _____

Allergies: _____
Health Issues: _____

Medications: _____

Parent/Guardian signature: _____

Date _____