

CUB SCOUTS/FAMILY INFORMATION SHEET

Name _____
Address _____
City _____
Phone _____
Home/Mobile

Birthdate _____ Pack No. 551
Den _____ Teacher _____
State _____ Zip _____
Email _____
List multiple for multiple parent/guardians

IN CASE OF EMERGENCY NOTIFY:

Name _____
Address _____
Family Physician _____
Insurance Company _____

Relationship: Parent Guardian Other _____
Phone _____
Phone _____
Policy # _____

HEALTH HISTORY

Scout Health History

Provide information on your Scout/s. Use additional sheet/s if you have more than one Scout. Leave blank if none apply.

- Asthma Fainting Spells Convulsions/Seizures
 Diabetes ADHD Heart Trouble
 Other (list) _____

Swimming/sport restrictions (reason) _____

Medical Allergies _____

Food Allergies _____

Dietary Restrictions (e.g. vegan) _____

All vaccinations up-to-date? _____

Parent/Guardian Health History

Provide information on Parent/Guardian/Sibling, or anyone else who may attend Scouting events

- Asthma Fainting Spells Convulsions/Seizures
 Diabetes ADHD Heart Trouble
 Other (list) _____

Swimming/sport restrictions (reason) _____

Medical Allergies _____

Food Allergies _____

Dietary Restrictions (e.g. vegan) _____

All vaccinations up-to-date? _____

SIGN OFFS

The above health history is correct so far as I know, my Scout has permission to engage in all activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

Medical History _____ **Date** _____

Parent/Guardian Signature – REQUIRED, 1 per Scout

I have read through the Pack 551 Family Handbook and understand the requirements and expectations of our family, our Scout, and our commitment to Scouts. I will work with my son to ensure his responsibilities are also understood.

Handbook Acknowledgement _____ **Date** _____

Parent/Guardian Signature – REQUIRED, 1 per Scouting family

I authorize my phone number and address to be published to the families of Pack 551. This information will only be shared to those in the Pack, and stored on a secure digital location.

Publish? Yes No **Contact Information** _____ **Date** _____

Parent/Guardian Signature – REQUIRED, 1 per Scouting family

Boy Scouts of America & Pack 551 can freely use images of our Scout and family (photos, videos) taken during Den or Pack events for use in recruiting, communication, or any other reasonable way in which Scouting will be promoted, for up to 10 years from the time the photo/video is captured.

Reuse? Yes No **Image Release** _____ **Date** _____

Parent/Guardian Signature – REQUIRED, 1 per Scouting family

PLEASE FILL OUT AND RETURN THIS PAGE TO THE COMMITTEE CHAIR

How Can I Help?

The following positions all need to be filled for our pack to have a successful year. Please indicate your first four choices of committees and positions that you would be willing to work on this coming year? Some of these positions are short-term and others are for the entire year. **Each parent must be willing to assist if this program is to work.**

- | | |
|--|--|
| <input type="checkbox"/> Pack Committee | <input type="checkbox"/> Events |
| <input type="checkbox"/> Chair | <input type="checkbox"/> Pinewood Derby Committee |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Regatta Committee |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Cubmobile Committee |
| <input type="checkbox"/> Advancements | <input type="checkbox"/> Space Derby Committee |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Pack Sports Program Committee |
| <input type="checkbox"/> Outings Chair | <input type="checkbox"/> Blue & Gold Committee |
| <input type="checkbox"/> Day Camps | <input type="checkbox"/> Cubmaster |
| <input type="checkbox"/> Overnight Camps | <input type="checkbox"/> Assistant Cubmaster |
| <input type="checkbox"/> Hiking/Geocaching | <input type="checkbox"/> Den |
| <input type="checkbox"/> Good Turn Coordinator | <input type="checkbox"/> Leader |
| <input type="checkbox"/> Memberships and Registration | <input type="checkbox"/> Assistant Leader |
| <input type="checkbox"/> Awards Committee | <input type="checkbox"/> She Scout |
| <input type="checkbox"/> Ranks | <input type="checkbox"/> Wee Scout (Beavers) |
| <input type="checkbox"/> Blue and Gold | <input type="checkbox"/> Lion Cubs |
| <input type="checkbox"/> Arrow of Light | <input type="checkbox"/> Tigers |
| <input type="checkbox"/> General Pack Committee | <input type="checkbox"/> Wolf |
| <input type="checkbox"/> Pack Trainer | <input type="checkbox"/> Bear |
| <input type="checkbox"/> Song Leader | <input type="checkbox"/> Webelos |
| <input type="checkbox"/> Skit Leader | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Popcorn Coordinator | <input type="checkbox"/> Uniform Bank |
| <input type="checkbox"/> Webmaster | <input type="checkbox"/> Historian |
| <input type="checkbox"/> Friends of Scouting Coordinator | <input type="checkbox"/> Other(specify) _____ |

Scouting Experience: _____

Hobbies: _____

Sports Interests: _____

Job/Employer: _____

I can lend: Truck Van Trailer Station Wagon Workshop Boat
 Camping Gear Sports Equipment Other _____

List other resources or abilities you have that you believe can help the Pack: _____

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