

Pack 608
2006 - 2007
Re-Charter Information Form

Name: _____ Date of birth: _____ Age: _____

Grade: _____ School: _____ BSA ID#: _____

Boy's Life: Yes No

Home Phone: _____ Scout's Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Father: _____ Resides w/scout: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Drivers License No: _____

Mother: _____ Resides w/scout: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Drivers License No: _____

Please sent "Pack" emails to: the Scout Father Mother

Emergency contacts if person(s) named above is not available.

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name of personal physician: _____ Phone: _____

Personal health/accident insurance carrier: _____ Policy No: _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date: _____ Signature of parent/guardian of adult: _____

Some hospitals require the parent/guardian signature to be notarized.

Scout's Name: _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes **U** No **U** Explain: _____

General Information:

ADHD	Yes U No U	Heart trouble	Yes U No U
Asthma	Yes U No U	Hemophilia	Yes U No U
Cancer/leukemia	Yes U No U	High blood pressure	Yes U No U
Convulsions/seizures	Yes U No U	Kidney disease	Yes U No U
Diabetes	Yes U No U		

Explain: _____

Please list any medications taken on a regular basis: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. : _____

Immunizations: (Give dates of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

Vehicle Information: (Needed for outings)

Vehicle				Insurance (in thousands)		
<u>Year</u>	<u>Make/Model</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____