GENERAL INFORMATION—TROOP 97 BSA

| GENERAL INFORMATION. This information helps the troop plan activities and find qualified people for programs. Thanks. | | | | |
|--|---|---|--|--|
| Scout's Name | Gender Date | of Birth (MM/DD/YYYY) | | |
| Current Grade Name of School | BSA ID# | t (if known) | | |
| | | | | |
| Home Address(str | eet) | (town) (ZIP code) | | |
| | <u> </u> | , | | |
| Father's Name (or name of male guardian/stepfather livin | Mother's Name g at home) (or name of fema | le guardian/stepmother living at home) | | |
| (or hame or male guardian sophicine) | | | | |
| Father's Occupation & Employ | er Mo | ther's Occupation & Employer | | |
| | | | | |
| Names & Ages of Scout's Brothers & Sisters | | | | |
| Did your Scout earn (or will earn) the Cub | Scout Arrow of Light award? Yes No | Pack # | | |
| , | | | | |
| Religious Preference/Denomination (<i>Pres</i> | byterian, Methodist, etc; if any) | Name of Local Church (if any) | | |
| [All families are welcome regardless of religion or no religion.] | | | | |
| COMMUNICATIONS. Primary communic | ation to Scouts & families is via our monthly r | newsletter, mailed (USPS) to each family. But | | |
| sometimes there is late-breaking news/ch | anges, or the need for someone to contact y | ou or your Scout. We do this via email and the | | |
| troop's secure "Band" app, or rarely via pl | none/text. | | | |
| E-mail Addresses (home e-mails best, unless you prefer to receive emails at work) | | | | |
| | | | | |
| Scout e-mail | Dad e-mail | Mom e-mail | | |
| Phone Numbers | | | | |
| | | | | |
| Scout cell phone | Dad cell phone | Mom cell phone | | |
| DRIVING INFORMATION. The Boy Scouts of America requires the following information for outing drivers. | | | | |
| | | | | |
| Year/Make/Model of vehicle: Year | Make (Ford, Honda, etc) | Model (Expedition, Pilot, etc) | | |
| | | | | |
| Number of positions with seatbelts, including driver: seatbelts Do your liability insurance limits meet or exceed the BSA minimums of \$50,000/100,000/50,000? Yes | | | | |
| bo your hability insurance limits friend or exceed the both frillimitarits of \$50,000/100,000/50,000: Tes No | | | | |
| PHOTO POLICY. We use photos of troop activities to promote the troop to potential members, as well as to show troop families their | | | | |
| Scouts in action. We put photos on our BAND app (which can only be seen by current troop families) and in our newsletter & brochures for members and potential members. In addition we put photos on the troop website and Facebook page. We do NOT | | | | |
| identify Scouts in any photos, and we blui | out nametags if they are readable. If for any | reason you don't want your Scout's face to be | | |
| visible on social media, please check the | | ant photos of our Scout to appear in troop media. | | |
| | portant! Our troop is outstanding because of | the involvement of so many of our parents. It's | | |
| work that's fun—and rewarding for you and your Scout. Please check how you would like to help (note that most jobs can use as many volunteers as we can get, but some require just one or two people and may be filled—for now). Please talk with the Scoutmaster or | | | | |
| Committee Chair for details on what each job entails. | | | | |
| Dad Mom | Dad Mom | Troop Supper | | |
| Assistant Scoutmaster | Quartermaster/Inventory | Dod Mom | | |
| Merit Badge Counselor Boards of Review | Uniform Exchange Transportation Helper | Dad Mom Supper Coordinator | | |
| Attend Summer Camp | Service Projects | Kitchen / Meal Prep | | |
| Activity Support Outdoor/Activities | Merit Badge Coordinator Potluck Suppers | Auction Donations Helper | | |
| Advancement | Art/Drawing | 2/2024 | | |

Medical / Dietary Restrictions

Please provide any special information that would help us better care for your Scout on outings.

If you would like to discuss anything privately, please email or phone the Scoutmaster:

- info@troop97.net (goes only to the Scoutmaster)
- 970-214-9785 (Scoutmaster cell phone)

| Does you | ır Scout hav | e any special allergies or dietary restrictions the troop should know about? |
|-----------|---------------|---|
| Serious a | allergies or | other significant health/medical issues: |
| | | |
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| | | |
| Special o | dietary restr | rictions (due to allergies, religious, or family preference): |
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| A | l fou oven th | an annutau madinationa fau minau allesante dunina Canut autinau. |
| | | ne-counter medications for minor ailments during Scout outings: |
| □ YES | □ NO | Benadryl (diphenhydramine) for minor allergic reactions |
| □ YES | □ NO | Ibuprofen (Advil, Motrin, Nuprin) for headache, muscle ache, minor fever reduction |
| ☐ YES | □ NO | Pepto Bismol (bismuth subsalicylate) for diarrhea or stomach discomfort |
| □ YES | □ NO | Are there medications (prescription or non) your Scout might need to bring on an outing |
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| | | |
| | | Parent Signature |

Please also fill out the attached **BSA Health & Medical form**. There is also an online-fillable version at: www.troop97.net/pdfbin/bsa med form AB 2019.pdf (or ask the Scoutmaster to email the fillable form to you).

We use this information for year-round activities. This form does NOT require a doctor's signature. If your Scout will attend summer camp or high adventure trek, the more complete form required for those activities requires a doctor's signature (www.troop97.net/pdfbin/bsa med form ABC 2019.pdf).