



# TROOP 222 SCOUT CONTACT FORM

\_\_\_\_\_  
Scout Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Scout Birthdate /DD/YYYY

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Secondary Phone Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Allergies

*People you authorize to pick-up/transport scout to and from meetings, events, and other scouting activities in your absence:*

List Name(s) Below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Associated Mobile #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Parent Signature and Printed Name	_____ Date
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