

Troop 2 Scout Information Form

Full Name of Scout:		Preferred Name/Nickname:	
Home Address:		City	State Zip
Scout Email:		Home Phone:	Scout Phone:
Insurance Carrier:			
Policy Number:		Phone #'s:	
Father's or Guardian's Name:			
Address:		City	State Zip
Home Phone:	Cell:	Email:	
Employer:		Work Number:	
Mother's or Guardian's Name:			
Address		City	State Zip
Home Phone:	Cell:	Email:	
Employer:		Work Number:	
If neither parent or legal guardian can be located, in case of emergency call:			
1. Name:		Phone:	Relationship:
2. Name:		Phone:	Relationship:
3. Name:		Phone:	Relationship:
Scout's Doctor's Name:			
Address 1:			
Address 2:		City	State Zip
Phone Number(s):			

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I/we hereby give my/our permission to Troop 2 adult leaders to call a doctor or medical services and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that Troop 2 adult leaders will make a conscientious effort to locate parents/guardians and/or emergency contacts listed above before any action will be taken. However, it is expressly understood that outings in remote locations may preclude Troop 2 adult leaders from making such calls before soliciting emergency medical services. I/we will accept the expense of emergency medical care--including transportation, care/treatment, and/or surgery. This authorization is valid for one year from the last signed date.

Signatures:

Father/Guardian:	Date:
Mother/Guardian:	Date:

Future Years Updates:

Father/Guardian:	Date:
Mother/Guardian:	Date:
Father/Guardian:	Date:
Mother/Guardian:	Date:
Father/Guardian:	Date:
Mother/Guardian:	Date:

BSA Troop 2 Authorization to Attend Outings

_____ (Scout's Name) has my/our permission to attend all Troop 2 Outings. Troop 2 Outings include all official Troop 2 functions and include (but are not restricted to) meetings (whether held at the regular meeting place, swimming pool, park or other designated locations), Troop service projects, advancement meetings, planning meetings, patrol meetings, and training sessions. Overnight outings are excluded from this authorization.

I/we acknowledge that Troop 2 is outdoor-oriented and emphasizes high adventure outings to a greater extent than most other Boy Scout Troops. I/we acknowledge that it is my/our responsibility to take the necessary actions to be informed of the activities planned for any outing and to make the necessary judgment whether my/our son is physically, mentally, and emotionally qualified to participate in the activities planned for each outing.

I/we acknowledge that if my/our son does not attend meetings on a regular basis, he will not have all the information about outings and will probably be unprepared. It is my/our responsibility to get my son to meetings on a regular basis so he can plan with his patrol, understand Troop plans, and participate in any training activity.

I/we acknowledge that Troop 2 is governed by a set of bylaws available in the leader's area of the troop website at troop2.homestead.com/Leaders.htm or in print from the troop registrar or Committee Chairman. I/we agree to be bound by these bylaws, by the rules, regulations, and guidelines of the Boy Scouts of America, and by the local rules of camps or events in which we may participate.

Signatures:

Father/Guardian:	Date:
Mother/Guardian:	Date:

Future Years Updates:

Father/Guardian:	Date:
Mother/Guardian:	Date:

Father/Guardian:	Date:
Mother/Guardian:	Date:

Father/Guardian:	Date:
Mother/Guardian:	Date:

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Mother/Guardian:	Date: