



Troop 225 Emergency Contact Form (Companion to the Health Form)

(Last Updated: _____)

VITAL INFORMATION:

Scout's Name: _____

Date of Birth: _____

Parent Name: _____

Home Phone: _____

Work Phone: _____

Cell/other Phone(s): _____

Parent Name: _____

Home Phone: _____

Work Phone: _____

Cell/other Phone(s): _____

Persons Authorized to pick up your child from an event:

A digital photo of your Scout will be added here after you return the form.
Attempts will be made to update the form annually.

Persons **PROHIBITED** from picking up your child from an event:

Please explain any circumstances that we need to be aware of, on the back of this form.

ADDITIONAL CONTACT WHO MIGHT BE ABLE TO FIND YOU IN AN EMERGENCY:

Name(s): _____

Relationship: _____ Phone: _____

FIRST-RESPONDER EMERGENCY INFORMATION: (use the back for additional information if necessary)

Allergies: _____

Medical conditions: _____

Long-term medications: _____

Any physical conditions or notes: _____

Check here if adding additional information on the back of this form.

Last Name _____ First Name _____ District - Red Tailed Hawk Troop 0225