

Scout Information Form

The purpose of this form is to give you, as the parent, an opportunity to tell us about your scout. You can share as much information you would like, or as little. This form will be shared with the Scoutmaster and only those others you designate. Others your scout may benefit from having this information might be Assistant Scoutmaster(s), the adult in charge of the event(s) your scout attends. Certain information may also be useful to share with the Senior Patrol Leader (the youth in charge of the troop), and if necessary, the Patrol Leader for your son's specific patrol (also a youth). This is all at your discretion. However, be aware that scouting is an opportunity to allow your son to grow, to try new things, and even to do things that you never thought they could do. So, unless it's a life threatening issue or there is an underlying medical reason, all scouts will be encouraged to overcome things they may have been afraid of doing in the past (A scout is brave!), even if mentioned on this form.

Instructions for completing this form:

It is not necessary to answer every question. You may leave a question blank, or you can simply answer "no".

Indicate on each question who you would like to share this information with. SPL = Senior Patrol Leader, PL = Patrol Leader, or CP = Contact Parent before sharing with a youth led position. If the checkbox is not checked, the information will not be shared with that person. Please remember that the youth leadership can change every 6 months, so the SPL today, may not be the SPL in a few months, but will still know this information.

Scout's Name:

Scout's Age at the time of completing this form:

Date form completed:

Question	Answer	Share with SPL	Share with PL	Contact parent for sharing consent
1) Does your scout have any allergies? If so, please indicate what the allergy is, and the reaction.				
2) Does your scout have any special medical issues we need to be aware of (i.e., heart condition). If so, what?				
3) Are there any unusual fears or anxieties we need to be aware of (i.e., thunder, being alone)				
4) Are there any concerns about daily activities such as eating, sleeping, hiking?				
5) Are there any mobility or dexterity issues we need to be aware of? (i.e., knot tying can be challenging)				
6) Does your scout have any sensory issues/needs? (i.e., a really loud cheer may cause an issue)				
7) Are there any issues with hearing or sight? (other than selective hearing)				
8) Are there any social/emotional disorders we need to be aware of (i.e., Autism, OCD, ADHD, ODD)?				

Question	Answer	Share with SPL	Share with PL	Contact parent for sharing consent
9) Is there a special area of strength you would like us to know about (i.e., knot tying wizard)?				
10) Is there a special area of weakness we should know about? (i.e., easily frustrated)				
11) Are there any unusual or challenging behaviors you experience at home that we should be aware of?				
12) If any issues are encountered, do you have suggestions on how best to handle it?				
13) If your scout needs assistance with anything will he/she ask for it?				
14) Any additional information that we need to be aware of?				

If more space is needed for any question, please attach another sheet with the question number and continued response. Thank you for helping us get to know your scout.