

**BSA TROOP 555 – JIM THORPE, PA
EMERGENCY CONTACT FORM**

Date: _____

Scout Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent 1 Contact:

Name: _____ Relationship: _____

Cell/Work Phone: _____ Home Phone: _____

Address: _____

Parent 2 Contact:

Name: _____ Relationship: _____

Cell/Work Phone: _____ Home Phone: _____

Address: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Cell/Work Phone: _____ Home Phone: _____

Address: _____

Family doctor: _____ **Telephone:** _____

Is Scout allergic to any medications? _____ Yes _____ No

If yes, what medications: _____

(optional) Is Scout taking any medications? _____ Yes _____ No

If yes, what medication: _____

How often? _____ In what dosage? _____

Comments: Any special medical information or special contact information: