

# CUB PACK #31

## INFORMATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

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PARENTS (PLEASE INCLUDE ADDRESS AND PHONE NUMBER IF DIFFERENT THAN ABOVE)

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

EMERGENCY CONTACT (INCLUDE NAME AND PHONE NUMBER)

1. \_\_\_\_\_

2. \_\_\_\_\_

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*THIS INFORMATION WILL BE USED BY THE CUB SCOUT LEADERS IN THE EVENT THERE IS EVER AN EMERGENCY OR A NEED TO CONTACT THE PARENTS. (EG: EMERGENCIES, CANCELLED MEETINGS, DISCIPLINARY ACTIONS, ETC.) THIS FORM WILL NOT BE USED FOR PUBLIC VIEWING.*