EAGLE SCOUT PLUS! MERIT BADGE CLINIC REGISTRATION FORM – MUST BE COMPLETED ENTIRELY

Scout's name:	current rank:	
Troop number:		
Buddy:		
Parents' name/s:		
Address:		
Email address:		
Phone number:		
Cell phone number:		
Emergency contacts:		
	phone _	
Health information: immunizations	s: please provide dates of la	atest immunizations, including last tetanus shot.
My Scout is allergic to or sensitive to Medication my scout is currently to		
Medications must be given	to the clinic directors.	
Special instructions for this medicat		
Medical insurance information:		
Name of company:	policy no	
Control no. (if needed):		
Name of parent coverage is thru		
Scout's physician:	phone nu	umber:
		t that the Boy Scouts of America is an educational institution, very precaution will be taken to ensure the safety and well being
•	_	the activity named above, I agree to his participation and waive
		nts, and representatives of the Boy Scouts of America, St. Joseph
		d Central Community School District and/or its transportation
department, bus driver or bus superinte		a central community sensor bistrict analysis its transportation
a oparement, sub anno or sub superme		
In the event of an emergency, the Unit member at the nearest hospital or doct		t have my permission to obtain medical treatment for this scout doctor is not readily available.
		y son(s)/ward(s) likeness to be included. I also acknowledge and e from the prime location to satellite locations for merit badge
I acknowledge my son will be transport	ed via Central Community Sch	nool Bus.
Parent or guardian signature:		date:
Payment type: cash	check (made payab	ole to: BSA Troop 29)
Registrations (including payment) shou	ld be submitted via mail to:	Alicia Burken

Grand Mound, IA 52751