



## "Know your Scout" Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

1:1 Aide / ABA Name (If Applicable): \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

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IEP / 504 plan: \_\_\_\_\_ Yes \_\_\_\_\_ No

If your child has an IEP / 504, would you allow the Troop to access documentation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Diagnosis (Please list all): \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Activity restrictions: \_\_\_\_\_

Equipment needs: \_\_\_\_\_

Supervision needs: \_\_\_\_\_

Communication issues: \_\_\_\_\_

Sensory issues: \_\_\_\_\_

Sleeping issues: \_\_\_\_\_

Medications Required:

\_\_\_\_\_

Who can administer the medication:

\_\_\_\_\_

\_\_\_\_\_

Scoutmaster Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Scouts BSA Troop New Member Intake Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Triggers:

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Pre-melt down behaviors:

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Actions to take during pre-trigger behaviors:

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Actions to take during a melt-down:

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Post melt-down behaviors:

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Actions to take during the recovery phase of a melt-down:

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Favorite activities / interests:

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Any additional comments you would like to include for a successful scouting career:

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Scoutmaster Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Scouts BSA Troop New Member Intake Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Scoutmaster Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_