

KNOW YOUR SCOUT

Name: _____

Birth Date: _____

About the Scout

Scout's Strengths: _____

Scout's Challenges: _____

How the Scout learns best: _____

Important information for Leaders to know: _____

Equipment/Assistive Technology: _____

Diagnosis (if any): _____

Medications: _____

Allergies: _____

Things to avoid: _____

Overall health: _____

Additional Information : _____
