



# BOY SCOUTS OF AMERICA TROOP 337

## PARENTAL PERMISSION FORM

### *Alexander Springs – Troop Hike/Campout*

### *September 17<sup>th</sup>-18<sup>th</sup>, 2011*

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Please fill out one form per Scout

Scout \_\_\_\_\_ of Troop 337, Melbourne, FL has my permission to attend the Alexander Springs troop hike/campout on September 17<sup>th</sup> and 18<sup>th</sup>, 2011 as outlined within the information form I was given.

Scout: Enclosed \$28 ( ) cash ( ) check # \_\_\_\_\_ ( "Troop 337 BSA" ) or ( ) Take \$28 from Scouts Account:

Leader: Enclosed \$28 ( ) cash ( ) check # \_\_\_\_\_ ( "Troop 337 BSA" ) or ( ) Take \$28 from my sons Scout Account

Prescription Medication Information: This scout is currently taking the following prescription medication(s), which he will require during the event. These medication(s) will be submitted to the Scoutmaster prior to departure.

Medication(s): \_\_\_\_\_ Dosage Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication(s): \_\_\_\_\_ Dosage Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Medical Considerations:

Special arrangements for this campout:

Contact Phone Number(s): \_\_\_\_\_

Other Emergency Number(s): \_\_\_\_\_

Signed: \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_