



BOY SCOUTS OF AMERICA TROOP 337 PARENTAL PERMISSION & PAYMENT FORM

*Alexander Springs Hike Campout
November 17th – 18th, 2012*

Please fill out one form per Scout (leader may include his payment info with Scout)

Scout _____ of Troop 337, Melbourne, FL has my permission to this event as outlined within the information form I was given.

Scout: Enclosed \$30 () cash () check # _____ ("Troop 337 BSA") or () Take \$30 from Scout's Account:

Leader: Enclosed \$30 () cash () check # _____ ("Troop 337 BSA") or () Take \$30 from my son's 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: _____