



BOY SCOUTS OF AMERICA TROOP 337 PARENTAL PERMISSION & PAYMENT FORM

*St. Sebastian Preserve Hiking Campout
October 26th – 28th , 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 \$21 () cash () check # _____ ("Troop 337 BSA") or () Take \$21 from Scout's Account:

Leader: Enclosed \$21 () cash () check # _____ ("Troop 337 BSA") or () Take \$21 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: _____

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Special Medical Considerations:

Special arrangements for this campout:

Contact Phone Number(s): _____

Other Emergency Number(s): _____

Signed: _____ Relation: _____ Date: _____