



# BOY SCOUTS OF AMERICA TROOP 337

## PARENTAL PERMISSION FORM

### *Ranch Camp Cookoff Campout*

### *January 31<sup>st</sup> – February 2<sup>nd</sup>, 2020*

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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.

I have read, and made sure my son has read the Campout Information Sheet, **with special attention to the Standing Rules listed there**. I also agree to all activities listed on it.

Scouts: Enclosed \$46( ) cash ( ) check # \_\_\_\_\_ ( "Troop 337 BSA" ) or ( ) Take \$20 from Account

Leaders: Enclosed \$20( ) cash ( ) check # \_\_\_\_\_ ( "Troop 337 BSA" ) or ( ) Take \$20 from Account

#### PERSCRPTION 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 Leader in charge of prescriptions prior to departure.

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

\_\_\_\_\_

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: \_\_\_\_\_