

Scout Activity Permission



Boy Scouts of America

Troop 259

2700 West Spring Creek Parkway Plano, TX 75023

I, _____ give my permission for my son
(Parent or Guardian's Names- Please Print)
_____ to attend and participate in the
(Scout's Name(s)- Please Print)
following Troop 259 Boy Scout of America activity.

_____ (Activity- Please Print) _____ (Dates From/To)

Signature of Parent or Guardian: X _____

Contact Person for this Activity is: _____

Telephone #: _____ or _____

Troop 259 Plano, Texas

Scout's Name _____ Patrol _____

Name of Medication _____

Strength of Medication (eg. 5 mg. or 500 mg/ml) _____

Time to be taken _____

Dosage (# of pills, puffs, tsp.) _____

Reason for Medication (eg., ear infection, asthma, ADD) _____

Side Effects of Medication _____
