

Troop 201

Authorization to Dispense Medicine

I, _____ give permission for Troop 201 Leadership to give my child, _____
MEDICINE AS PRESCRIBED ON THE BOTTLE, OR SEE INSTRUCTIONS BELOW, for the week of June 22 through June 28, 2008, while at Boy Scout Camp. I can be reached at the following numbers;

Home: (____) _____

Work: (____) _____

Cell/Pager: (____) _____

Instructions:

Parents Name: _____
(Please print)

Parent's Signature: _____

Date: _____