

**2009 SUMMER CAMP
PERMISSION AND MEDICATION FORM**

My son _____ has my permission to attend summer camp at Tom Hale Scout Reservation, Talihina, Oklahoma during the week of June 7-13, 2009.

I hereby authorize emergency medical treatment as recommended by qualified medical professionals.

Pursuant to your authorization on the BSA TROOP 1001 Over the Counter Medication Authorization form, adult leaders from Troop 1001 may administer non-prescription medications to your son.

My son has the following medications and special health concerns:

Please send medications for summer camp in zip-lock plastic bags with a note listing scout's name, medication, and dosage.

Prescription medication must be in the original pharmacy containers with the correct dosage information and physician name.

_____ I give permission for my son to keep his medications in his possession and to take appropriate dosages without supervision.

DATE: _____ PARENT'S SIGNATURE: _____

Contact phone numbers: