

# Troop 84

## Raritan Valley District First Aid Rally

When: Saturday, December 8<sup>th</sup>, 2007.

Highlights: Compete with your patrol in this annual First Aid Test. You will be pitted against many patrols from our Scouting District to see if your patrol knows the "Right Stuff". This is one of the most important patrol functions of the year. This event is big on leadership, skills and teamwork.

After the event we will all go out and get pizza.

Depart: Leave from First United Methodist Church.  
Patrol Leaders : Meet at 7:45 am for gear packing.  
All Others : Meet at 8:00 am

Return: Pickup at Central Pizza at 1:30 pm.

Location: Hillsborough/Manville Elks Club, Brooks Blvd, Manville.

Signup: Monday, November 26<sup>th</sup>.

Cost: \$15 due with permission slip on November 26<sup>th</sup>.

Adult Leaders: We need you to volunteer to drive and need First Aid "Experts" to judge – one for each patrol attending – no fee.

Meals: Lunch – Pizza included in cost.

Wear: Class A - FULL UNIFORM A MUST!! No Exceptions.

You will have to rent parts if you show up without something.

Pickup Instructions: PARENTS : You can pickup your son by parking behind the United Reform Church on Main Street (the only church on Main St – the one with the green steeple) and then meet your son in front of Central Pizza at 1:30 pm.



# Raritan Valley District First Aid Rally

## Signup and Payment Due November 26<sup>th</sup>

Scout \_\_\_\_\_  Will Participate  Will Not Participate

Parent is Participating in the Activity  Yes  No

Parent is available to provide transportation  Yes  No

If Driving, Number of Seat Belts (including driver) in Vehicle is

Trip Date : December 8 Trip Cost : \$15 Scout / \$0 Parent Total Paid : \_\_\_\_\_ by (Circle One) Cash Check Scout-Account

**BOY SCOUTS OF AMERICA**  
**TROOP 84 SOMERVILLE, NJ**  
**WAIVER AND PERMISSION FORM**

MY SON \_\_\_\_\_ HAS PERMISSION TO PARTICIPATE  
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Raritan Valley District First Aid Rally

WHICH WILL BE HELD AT Hillsborough/Manville Elks Club, Brooks Blvd, Manville

MEDICAL CONDITIONS/RESTRICTIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) \_\_\_\_\_

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. \_\_\_\_\_ AT \_\_\_\_\_

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

\_\_\_\_\_  
 Parent's name (Print)      Parent's Signature      Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:  
 Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

\_\_\_\_\_  
 Parent's Signature      Date