

Troop 84

Raritan Valley District First Aid Rally

- When: Saturday, December 6th, 2008.
- 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, December 1st.
- Cost: \$15 due with permission form on December 1st.
- 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 December 1st

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 6 - 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