

# Troop 84

## GPS Clinic

For: Scorpions, Dragons, Panthers, Cobras  
And Adult Leaders

Date: Tuesday, May 19<sup>th</sup> 2009

Sign Up: May 11<sup>th</sup> – Just slip, no fee

Time: 6:45 – 8:30pm

Meet: Parking lot at Chimney Rock Park, Bwtr.

Activity: Learn how to use a variety of GPS Units.  
Learn also how to use our Troop's Units.  
Learn GeoCatching and practice in the woods.

Instructor: Mr. Dan Cannon of EMS

Wear: Tr. Hat:  Hike boots:  Seasonal Clothing:

Bring: If you have a GPS please bring

Day Pack:  Rain Gear:  Flashlight:

Sweat Shirt:  Water Bottle:  Compass:

Personal First Aid:

Need A Ride: Call a Friend, Car Pool, Contact Mr. M.

Directions:

- \* Take Rt. 22 East past Somerville Lumber.
- \* Go under bridge and exit right unto Thompson Ave.
- \* Take quick right and go over bridge
- \* Veer left onto Chimney Rock Road, go past quarry
- \* At crest of hill, pass Gilbride Rd. and then Park is on your right.

# GPS Clinic

## Signup and Payment Due May 11<sup>th</sup>

Scout \_\_\_\_\_

Will Participate

Will Not Participate

Parent \_\_\_\_\_

Will Participate

Will Not Participate

Trip Date : Tuesday, May 19th Trip Cost : \$0

**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 GPS Clinic

WHICH WILL BE HELD AT Chimney Rock Park, Bridgewater, NJ

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