

# Troop 84 Arbor Day

## Forestry Merit Badge Book

**When:** Saturday, April 24, 2010

**Time:** 08:30am to 12:30pm.

**Who:** Scouts that signed up to attend this event.

**Where:** Duke Farms 80 Route 206 South. Hillsborough, NJ.

**Activity Reminder:** You will take a walking tour to learn about the different species of trees at Duke Farms. There will be a tree care demonstration, you will plant a tree and each will receive a tree to take home. All scouts will receive a T – shirt and will review all but 1 requirement towards your Forestry Merit Badge.

**Additional Cost:** Each scout will receive the Forestry Merit Badge book. The cost of the book is \$5.00. Please submit \$5.00 by the March 8<sup>th</sup> meeting along with the permission slip.

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*Detach and return bottom portion*

## Forestry Merit Badge Book

# \$5.00

Scout \_\_\_\_\_  cash  check  scout account

# Arbor Day Forestry Merit Badge

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

**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 Arbor Day Forestry Merit Badge

WHICH WILL BE HELD AT Dukes Estate, Hillsborough 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