TROOP 84

COMMUNITY SERVICE

JUNE 2007

FLAG DAY CEREMONY

WHEN: SUNDAY JUNE 10, 2007

TIME: 12 PM

ACTIVITY: PARTICIPATE IN THE SOMERVILLE ELKS LODGE FLAG DAY CEREMONY. THE ELKS ARE ASKING FOR 10-12 SCOUTS TO CARRY THE VARIOUS FLAGS IN THE CEREMONY. FAMILIES AND FRIENDS ARE INVITED TO ATTEND. SANDWICHES AND SODA WILL BE PROVIDED AFTER THE CEREMONY.   MATT ZANGARA'S DAD IS A MEMBER OF THE LODGE.

WEAR: CLASS A UNIFORMS

SIGN UP BY JUNE 4, 2006

NOTE: THIS EVENT IS ON THE SAME DAY AS JEFF ORLANDO'SEAGLE COURT OF HONOR, BUT THERE SHOULD BE TIME TO ATTEND BOTH IF ANYONE IS INTERESTED.

QUESTIONS: CALL MRS. ZIMMERMAN 908-707-9419

Troop 84

<u>Trip Signup and Permission Form</u>

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 ☐

<u>BOY SCOUTS OF AMERICA</u>
<u>TROOP 84 SOMERVILLE, NJ</u>
<u>WAIVER AND PERMISSION FORM</u>

MY SON _____ _____ HAS PERMISSION TO PARTICIPATE
         (FIRST NAME)   (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS <u>Flag Day Ceremony</u>

WHICH WILL BE HELD AT <u>Somerville Elks Lodge</u>

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