



LEHIGH DISTRICT FIRST AID MEET



SCHNECKSVILLE FIRE COMPANY
Pavilion Building
4550 Old Packhouse Road
Schnecksville, PA 18078

Thursday, November 12, 2026 (7-9 PM)

Meet at Camp Spirit at 6:00 PM Sharp! Please be on time – we will not wait!

No Cost for Scouts and Leaders!

Class A Uniform. Eat dinner before arriving at Camp Spirit. Return time: 9:15 PM.

Adult Contact – Mr. Nagy: lakeview22@msn.com

Return attached Permission Form and payment by Monday, November 9, 2026.

Theme – Voyagers. Patrols will become time travelers and will leap to historic events in the USA between 1776 and 2026. Patrols must utilize their First Aid knowledge to get history back on track as we know it in the year 2026.

- All Scouts are strongly encouraged to attend. This event is a great learning experience even for Scouts with limited First Aid skills.
- The purpose of the First Aid Meet is to test patrol skills and the ability of the patrol to respond as a team to emergency situations.
- The First Aid Meet will consist of a written test and 3 to 4 scenarios.
- Awards will be given to the top finishers.
- Patrol sizes will be 4 to 8 Scouts.
- Patrol Flag Competition will take place. It must be original design, with patrol name, and unit number.
- Each patrol must provide an adult judge.
- Each Patrol will have a First Aid Box with all the items required for the scenarios. Each patrol will be inspected for their items and scored prior to the start of the event.

Troop 72 Permission Form for First Aid Meet

Due: Monday, November 9, 2026

No Cost for this Event

_____ has my permission to attend the Lehigh District First Aid Meet on Thursday, November 12, 2026.

During the event I can be reached at (Phone): _____.

If I cannot be reached in the event of an emergency, the following person should be contacted.

Name: _____ Phone: _____

NOTE: It is the parent's responsibility to see that their son takes any necessary medication on troop events. If it is particularly important that the medication schedule not be disrupted, be sure to notify one of the leaders attending of the required dosage and schedule.

Medications and dosage: _____

Please list any health concerns, allergies to medication, etc. that would be helpful in an emergency:

In the event of an emergency, the adult in charge is authorized to act on my behalf.

If your Scout will be leaving early, please indicate time: _____

Adult who will pick up and take your Scout home after event:

Name: _____ Phone: _____

Date

Scout's Signature

Date

Parent or Guardian Signature