



## Prerequisite Proof of Completion First Aid

Scout's name: \_\_\_\_\_

Date: \_\_\_\_\_

Troop: \_\_\_\_\_ Week: \_\_\_\_\_

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### **Requirement 2b1:**

1. Assemble a personal first-aid kit for hiking and backpacking. Demonstrate the proper use of each item in your first-aid kit to your counselor.

Proof of Completion: Have a parent/guardian sign below to verify.

I verify my child has prepared a first aid kit for our home using the above checklist.	
Parent/guardian full name:	
Parent/guardian signature:	
Date:	

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