



HUNTERDON PREPARATORY SCHOOL

11 SPENCER LANE

ANNANDALE, NJ 08801

Phone: 908-832-7200 • Fax: 908-832-9772

www.hunterdonprep.org

Your student is invited to participate in a bowling trip to Oakwood Lanes on August 11th. Oakwood lanes is located at 234 Rt.31 in Washington NJ. **The cost of this trip is \$15 per child** and includes 2 games, bowling shoes, and lunch options of chicken fingers and pizza. Your child may also choose to bring their own lunch. Hunterdon Preparatory School (HPS) activities are offered to current students to provide informal educational, social and recreational experiences.

Please ensure that your child arrives with the following supplies:

- mask/facial covering
- SOCKS
- personal water bottle
- Bagged lunch/snack (no refrigeration or microwave needed)

Please complete the following information and return to HPS along with a check or cash for \$15.00 by THURSDAY, AUGUST 4TH. If you have any questions or concerns, please email Sandy Sanchez at nurse@hunterdonprep.org or Rachel Geissinger at rgeissinger@hunterdonprep.org.

I, _____ give permission/acknowledge notification of

_____ 's participation in a **bowling trip to Oakwood Lanes on August 11, 2021**

Please indicate any considerations that may impact your student's experience and **COMPLETE THE MEDICATION REQUEST ON THE BACK OF THIS FORM.**

_____.

I have reviewed supplies list with my student and we acknowledge agreement with our signatures below.

Parent/Guardian Signature Date

Student Signature Date

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Parent's Request for Giving Medications on a School Activity/Trip 2022-2023

Trip Destination: _____ Date of Trip/Activity: _____

I hereby authorize school staff members to supervise _____
(Student Name)

to self-administer the following medications:

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

I understand that the medication **must** be delivered to the school nurse, principal, and/or designee **AT LEAST THREE DAYS PRIOR TO THE EVENT**. It must be in a pharmacy container labeled with the name of the student and physician, the name of the medicine, dosage, and times to be taken.

We, the parent/guardian, authorize the school to assist our child in taking oral medication and agree that we will **not** hold liable any member of the school staff or an individual of official capacity who is directed by us (the parent/guardian) and the school administrator to assist our child in taking said medications.

_____ Date: _____
(Signature – Guardian/Adult Student)