MEMORIAL MIDDLE SCHOOL ELMWOOD PARK, NEW JERSEY

Permission is hereby given for my child		to accompany the teachers on a trip on:
March 24, 2017 to Fun		
It is understood by me th	at the school authorities and tea	chers are relieved of all responsibilities for any accident that
5		e place of the visit. It is also understood that the parent is
-		cessary after the return of the trip. Maximum care will be given
by the teachers accompa		
		orial Middle School) will be needed by February 2, 2017
to cover expenses for this	*	
	de, no refund will be availabl	
	1 1 0	this activity, I hereby grant permission for my child to receive
0 0	5	fied hospital or medical facility. I understand that medical
ireaument would not degit	n until a reasonable effort has be	een made to contact me.
Parent/Guardian H	Iome Phone	or Emergency Phone
V	Vork Phone	Cell Phone
Parental Substitute N	ame	
I	Phone Number	
Hospital preference in cas	se of injury	
TO A COICT MEDICAL DEDC		OLI OMAING INFORMATION.
10 A55I51 MEDICAL PERS	ONNEL, PLEASE PROVIDE THE FO	OLLOW ING INFORMATION:
1. Please check the space p aware of. If none, please		history of any of the following medical problems a doctor should be
Heart Trouble	Diabetes	Epilepsy
Healt Houble	Diabetes	
Other - please explain.		
2. Is vour son/daughter tak	ing any medication prescribed by a	a doctor?
	es	
035 11		
Name of Medication		
3. Is your son/daughter all	ergic to any medication? No	Yes
What type?	·	
mactype:		
Date		Parent's/Guardian's Signature

- * The following requirements must be met by ALL STUDENTS in order to attend any class trip. * (BY-March 13, 2017)
- 1. All Students must be passing all of their courses by the trip date, if not they will not be allowed to attend.
- 2. Any student who has 5 or more Friday ASAP detentions for any reason will not be allowed to attend.
- 3. Any students that receives 3 or more in-school suspensions OR out-of-school suspensions for any reason will not be allowed to attend.