

WOODLAND PARK PUBLIC SCHOOLS  
MEMORIAL MIDDLE SCHOOL

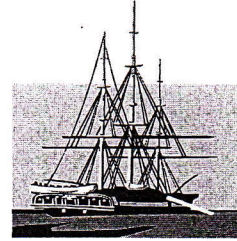
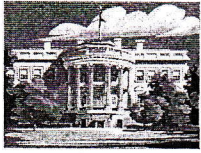
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Charles Silverstein  
*Principal*

Email: [csilverstein@wpschools.org](mailto:csilverstein@wpschools.org)



March 17, 2017

**SAVE THE DATE**

Dear 7<sup>th</sup> and 8<sup>th</sup> Grade Parents/Guardians:

Parents/Guardians of students who are attending the "Boston 2017" trip and the "Washington 2017" trip are invited to attend an information meeting on Thursday evening, April 20th 2017 at 7:45 PM in the Memorial School cafeteria. All aspects of the trip, such as itineraries, staff chaperones, hotel information, transportation, etc. will be discussed at the meeting. Hope to see you there.

Before the meeting, there will be a Home and School Association meeting at 7:00 pm that you are welcome to attend as well.

I look forward to meeting with you and discussing the trips.

Sincerely,

Mr. C. Silverstein, M.Ed.  
Principal



I give my permission to use covering physician if above physician is not available

YES OR NO - PLEASE CIRCLE ONE.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:**

In order to provide maximum safety and health to students on extended trips away from Memorial School, the following information is essential:

I/We the parents/guardians of \_\_\_\_\_  
residing at \_\_\_\_\_ Home \_\_\_\_\_  
Work# \_\_\_\_\_ Cell# \_\_\_\_\_

do hereby state that I am/we are the Parents/Guardians, having legal custody of

\_\_\_\_\_. He/She is a minor, (age) \_\_\_\_\_

Born on \_\_\_\_\_ resides with me/us at the above address.

In the event of an emergency, if I/We cannot be reached, I/We authorize the school personnel to authorize medical services for my child, to consent to x-rays, examinations, anesthetic, medical or surgical diagnosis + procedures or treatments and hospital care rendered to the minor, at a recognized facility, under the general or special supervision of a licensed physician or surgeon.

If my child becomes ill, as determined by the nurse, or administrator, I will make immediate arrangements for my child to be picked up.

Parent/Guardian

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