WOODLAND PARK PUBLIC SCHOOLS MEMORIAL MIDDLE SCHOOL

15 Memorial Drive, Woodland Park, New Jersey 07424

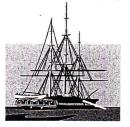
Telephone: 973.317.7750

Fax: 973.317.7753

Charles Silverstein Principal

Email: csilverstein@wpschools.org





March 17, 2017

SAVE THE DATE

Dear 7th and 8th 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

WOODLAND PARK MEMORIAL SCHOOL OVERNIGHT FIELD TRIP EMERGENCY MEDICAL INFORMATION

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ALLERG	IES: (Include s	easonal, food and	medica	tion)	
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I give my permission to use covering physician if above physician is not available

YES OR NO - PLEASE CIRCLE ONE.

<u>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:</u> 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:	