

RIVER DELL REGIONAL SCHOOL DISTRICT

PARENT CONSENT FORM - EVENING EVENT

Date: January 2024
To: Parents/Guardians
From: Mr. Manderano
Event: ***Black & Gold Semi Formal to celebrate the Class of 2028!***
Day and Date: Thursday, March 21, 2024
Destination: The Terrace (at Biagio's), 293 Paramus Road, Paramus, NJ 07652
Dinner and Activities: Buffet-Style Dinner, Assorted Pastries, Soda/Tea/Coffee, DJ, and Photo Booth
Dress Code: Students should dress appropriately in semi-formal attire.
Schedule: 6:00 p.m. – 9:30 p.m.
Mode of Transportation: Parents/Guardians will provide transportation to and from the restaurant.
Cost per student: \$80.00 (cash or check made payable to RDMS)
NO REFUNDS ARE PERMITTED DUE TO CONTRACTUAL OBLIGATIONS.
Deadline: **This completed form and payment MUST be returned to Mr. Manderano no later than January 26, 2024.**

Please Note:

- ***Students should attend the full day of school. This means no early dismissal.***
- ***This event is for the River Dell Class of 2028 students only.***
- ***Students who are unable to abide by all rules and regulations set forth by RDMS administration are subject to removal and will be removed from the party room until a parent/guardian arrives to pick up.***

EMERGENCY AND HEALTH INFORMATION

Emergency Contact Name: _____ Phone: (____) _____
Home Phone: (____) _____
Health Insurance Name/Number (Please indicate if not insured): _____

Please list below any special conditions or health information school chaperones should be aware of:

Medical Conditions: _____
Special Diets: _____
Allergies: _____
Medications: _____

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I consent to my child self-administering his/her (check all that apply) ___ inhaler and/or ___ epinephrine auto injector. **PLEASE NOTE:** You **MUST** have on file with the District, the following forms for the above consent to be valid: Prescribing Health Care Provider's Orders for Administration of Medication and Self-Medication Permission Form. In addition, you must have on file Administration of Epinephrine (epinephrine consent only) and Asthma Treatment Plan (asthma consent only). If you require copies of these forms, please contact the school nurse.
All medications must be in the original container listing prescription number and directions.

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YES, _____ has my permission to attend the Semi Formal at The Terrace
Student's Name (at Biagio's), Paramus, NJ on Thursday, March 21, 2024.

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NO, _____ will not be attending the Semi Formal.
Student's Name

Parent/Guardian Signature

Date