

RIVER DELL REGIONAL SCHOOL DISTRICT

DAY FIELD TRIP

PARENT CONSENT FORM

STUDENT'S NAME: _____

DEADLINE: ***This completed form, along with payment, MUST be returned no later than Friday, March 29th.***

Event: 7th Grade Pool Party / Mr. Stingo, 7th Grade Advisor
Day and Date: Tuesday, June 11, 2024 (rain date Friday, June 14th)
Destination: Paramus Municipal Pool, Van Binsberger Blvd, Paramus, NJ 07652
Schedule: We will leave school at **8:30 a.m.** and will return at **2:30 p.m.**
Objective for Field Trip: **Celebrate the 7th Grade!**
Mode of Transportation: **School Bus (equipped with lap seatbelts)**
Cost per student: **\$45.00**, which will cover: **Bus, Lunch, Ice Cream, Snack, Lifeguards, Pool & All Activities**
Your student needs to bring: **Towels, Sunscreen, Bathing Suit, Sneakers, Sandals, Change of Clothing**
Payment: **CASH or CHECK payable to River Dell Schools by Friday, March 29th.**
OPTION #1: Bring payment/permission slip to the RDMS Main Office, or
OPTION #2: Mail check/permission slip to Mr. Joseph Stingo at
RDMS, 230 Woodland Avenue, River Edge, NJ 07661

- **Due to contractual obligations, no refunds will be allowed.**
- **If a student is not attending, permission slip must be signed and returned.**

EMERGENCY CONTACT 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:

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

A Nurse will be traveling with one of the buses on this trip. If a student should require extra care, they will be placed on this bus.

I consent to my child self-administering his/her (check all that apply) ___ inhaler and/or ___ epinephrine auto injector.
PLEASE NOTE: You **MUST** have the following forms on file with the Nurse 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.

YES, (enter student's name) _____ **has my permission to attend the field trip to Paramus Municipal Pool, Van Binsberger Blvd, Paramus, NJ on June 11, 2024.**

NO, (enter student's name) _____ **will not be attending the field trip.**

Parent/Guardian Signature

Date