



T.E. Harrington Middle School
514 Mount Laurel Road
Mount Laurel, New Jersey 08054
Phone: 856-234-1610
hms.mtlaurelschools.org



8th Grade field trip to Dorney Park

Dear Parents/Guardians,

This year the 8th grade students will take a promotional field trip to Dorney Park. The trip will take place during the school day on June 13th. Students should arrive at school at their regular scheduled time. The cost of the trip is \$65. Food is not included in that cost. Dorney Park has gone cashless! Please read their Dorney Parks new cashless policy to ensure students are ready for the day! We estimate that the students will return to the school at 6:30pm and students will need to be picked up from the school.

Permission slips will be going home with students on Monday, April 24th. Please complete the permission slip and submit a check or money order in the amount of \$65 made out to Harrington Middle School to your homeroom teacher. Please place your child's name on the check or money order. **Permission slips and money are due to your child's homeroom teacher by May 25th.**

Please email Debbie Myers at dmyers@mtlaurelschools.org if you have any questions.

Thank you,

Drew Besler
Principal
HMS

MOUNT LAUREL TOWNSHIP SCHOOLS FIELD TRIP FORM

PARENT/GUARDIAN PERMISSION TO PARTICIPATE IN THE ACTIVITY DESCRIBED BELOW:

School: <u>Harrington</u>	Requests your consent for (Student's name):	
Destination (by bus): <u>Dorney Park</u>	Date of Activity: <u>Tuesday, June 13, 2023</u>	Time of departure:
Estimated time of return: <u>6:30 pm</u>	Cost per child: <u>\$65.00</u>	Used for:
Homeroom teacher:		Grade: <u>8th Grade</u>

*It is recognized that students may wish to bring additional funds to cover the cost of miscellaneous expenses (i.e., souvenirs, etc.). Such costs will be borne by the parents and amounts should be age-appropriate and aligned with the purpose of the field trip.

EMERGENCY INFORMATION

Parent/guardian can be reached at the following telephone numbers on the day of the trip:

Mother's home number:	Mother's daytime number:
Father's home number:	Father's daytime number:
In the event no one is available at the above listed numbers, please contact:	
Relationship to child:	Phone number:
In the event of an emergency, I the undersigned, hereby give permission for my child to be taken to the nearest hospital for emergency treatment.	
Parent Signature - _____	

Please complete section below regarding daily medication.

My child has the following allergies/medical conditions:

MEDICATION---THIS SECTION NEEDS TO BE COMPLETED BY PARENTS WHOSE CHILD MAY NEED TO TAKE AN "AS NEEDED" MEDICATION DURING THE TRIP. (INHALER, BEE STING KIT, ETC.)

Medication Name: _____ Dosage: _____ Time: _____

Special Instructions _____

Please check below regarding your child's medication for the day of the trip:

_____ My child will carry the emergency medication as prescribed by our doctor and self-administer the medication if necessary. After using the medication, my child will report to a chaperone or directly to the first-aid station for further direction and assessment.

_____ My child may omit his/her dose for the day of the trip.

_____ I will contact the school nurse to discuss my child's medication needs for the day of the trip.

Parent signature:	Date:
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