



HUNTERDON PREPARATORY SCHOOL

11 SPENCER LANE

ANNANDALE, NJ 08801

Phone: 908-832-7200 • Fax: 908-832-9772

www.hunterdonprep.org

Your child is invited to participate in a field trip to Oakwood Lanes for a day of bowling. Oakwood Lanes is located in Washington, NJ. The cost of bowling is **\$17.00** and includes 2 games, bowling shoes, and lunch (chicken fingers and fries). Your child may also choose to bring their own lunch that does not require refrigeration or microwave. Your child must have socks to participate. Hunterdon Preparatory School (HPS) activities are offered to our students in order to provide informal educational, social and recreational experiences.

Please ensure that your child arrives with the following supplies:

- personal water bottle
- SOCKS!
- additional money other snacks (optional)

Please complete the following information and return this form and cash or check in the amount of \$17.00 made payable to Hunterdon Preparatory School by **Wednesday, July 23rd**. If you have any questions or concerns, please email Rachel Geissinger at rgeissinger@hunterdonprep.org.

I, _____ give permission/acknowledge notification of

_____ 's participation in a **BOWLING trip on Friday, July 25, 2025.**

Please indicate any considerations that may impact your child's experience and **complete the medication form located ON THE BACK OF THIS PERMISSION FORM.**

Parent/Guardian Signature Date

Student Signature Date



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Parent's Request for Giving Medications on a School Trip/Activity 2025-2026

Trip Destination: _____ Date of Trip/Activity: _____

I hereby authorize school staff members to supervise _____
(Student Name)

to self-administer the following medications:

(Name of Medication) Dosage _____ Time _____

(Name of Medication) Dosage _____ Time _____

(Name of Medication) Dosage _____ Time _____

(Name of Medication) Dosage _____ Time _____

I understand that the medication **must** be delivered to the school nurse, principal, and/or designee **AT LEAST THREE DAYS PRIOR TO THE EVENT**. It must be in a pharmacy container labeled with the name of the student and physician, the name of the medicine, dosage, and times to be taken.

(Parent/Guardian/Adult Student Signature)

Date: _____