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 Gravity Vault, an indoor rock climbing facility, located in Flemington, NJ. The cost for 1 climber is **$35.00** and includes 90 minutes of guided climbing and a harness. Your child must have athletic style shoes to participate. Climbing shoes are available for an additional cost of $6. Please bring a lunch that does not require a microwave for this trip. 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 and athletic style shoes for climbing
- bagged lunch

Please complete the following information and return this form and exact cash or check in the amount of $35.00 made payable to Hunterdon Preparatory School by **Thursday, June 12th**. If you have any questions or concerns, please email Rachel Geissinger at rgeissinger@hunterdonprep.org.

Eligibility Requirements for this activity:

- The receipt of this permission slip is **not a guarantee** for participation in this activity.
- The student must be deemed eligible by the HPS staff to participate in this activity and the student must remain eligible until the day of the trip.
- If the student is deemed, or becomes ineligible for participation in this activity, a staff member will let the student know, and you will be notified by an HPS staff member.

Medical Concerns: If your child will need over the counter or prescription medication during the trip, or after school hours, please indicate that on the Parent's Request for Self-Administration of Medication section of this form. This includes scheduled medication, as needed prescriptions, and over the counter medications.

Permissions:

I give permission for _____ to participate on the trip to _____ on _____.

Please list any important information to keep in mind regarding my child's participation (including medical information):

_____

_____

Please check one of the following boxes below:

☐ My child needs medication (see attached Parents Request for Self-Administration of Medication form on the next page).

☐ My child does not require medication.

Parent/Guardian Signature:_____ Date:_____

Student Statement: I understand that while this is an off campus trip, I will adhere to all school rules and represent the school in a positive manner.

Student Signature: _____ Date:_____

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Parent's Request for Self-Administration of Medication on a School Trip/Activity 2026-2027

Trip Destination: _____ **Date of Trip/Activity:** _____

I hereby authorize the school nurse or Hunterdon Preparatory School designee to supervise

_____ to self-administer the following medications:

(Student Name)

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

_____ Dosage _____ Time _____
(Name of Medication)

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

I further understand that Hunterdon Preparatory School will incur NO liability as a result of injury arising from my child's self-administration of medication during the trip and that the parent/guardian shall indemnify and hold harmless Hunterdon Preparatory School and its employees or agents against any claims arising out of the administration of this medication.

_____ Date: _____
(Signature – Parent/Guardian/Adult Student)