HUNTERDON PREPARATORY SCHOOL
11 Spencer Lane
Annandale, NJ 08801
Phone: 908-832-7200 • *Fax*: 908-832-9772
www.hunterdonprep.org

Date:

Dear Parent/Guardian,

Your HPS student, _____will have the incredible opportunity to participate in the "Haunted Mill" trip on Friday, October 24, 2025. Your child has expressed interest in attending.

Activity Overview:

Your child recently engaged in school supported, on-site volunteer work to help complete the historic Clinton Red Mill Museum's annual "Haunted Mill" Halloween attraction, located at the end of Main Street in Clinton, NJ. The Haunted Mill is the most important fundraising event that the museum sponsors, and the revenue that is generated by the tens of thousands of ticket sales over four weekends helps to sustain the museum and its programs throughout each fiscal year.

As a "thank you" for your child's effort, The Red Mill Museum staff has offered our student volunteers free V.I.P. tickets for the Haunted Mill. In order to give our student volunteers a chance to experience the Mill together, the Hunterdon Preparatory School is sponsoring an after school trip to the Haunted Mill on Friday, October 24, 2025. Participants will remain at school after dismissal, enjoy a group activity, and eat dinner at the school. We will then transport the students to the Haunted Mill, enjoy the experience together, and return to school at approximately 8:00 p.m. **Students will need to be picked up and transported home by their parents at 8:30 p.m.**

There is no cost to students for this activity.

Please be aware that the Haunted Mill attraction is intended to be fun and scary. It contains graphic Halloween- themed scenes and images. It includes areas where costumed actors deliberately startle and interact with patrons. Some lighting and sounds are used at this event that may be disruptive to people who are sensitive to light and sound.

Eligibility Requirements for this activity:

- The eligibility requirements for this activity are as follows: an ability to follow directions and to represent HPS in the greater community of Clinton, NJ.
- 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.

Please contact Eric Petrik at epetrik@hunterdonpreep.org with any questions.

Please complete and return the permission slip by _____

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 2025-2026

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)