



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 trip to Branchburg Sports Complex to play Laser Tag. Branchburg Sports Complex (BSC) is located in Branchburg, NJ. BSC's laser tag arena is a 9,000 square foot, four-level interactive experience. There are sections of the arena that are dimly lit, however, black light fixtures are displayed and provide enough light for everyone to be safe. There are spontaneous loud noises emitted throughout each game to enhance the player's experience. Please consider your child's level of readiness for this trip. The cost is \$25.00 and includes, 2 games of laser tag, a \$5 arcade card, 2 slices of pizza and a drink. 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
- sneakers
- additional money to add to arcade card (optional)
- Dark clothing (optional)

Please complete the following information and return this form and cash or check in the amount of **\$25.00** made payable to Hunterdon Preparatory School by **Monday, August 11th**. If you have any questions or concerns, please email Rachel Geissinger at rgeissinger@hunterdonprep.org.

I, _____ give permission/acknowledge notification of

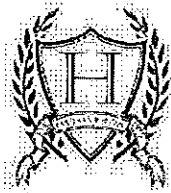
_____ 's participation in a **LASER TAG** trip on

Thursday, August 14, 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: _____