



JUNIOR STATESMAN of AMERICA CLUB

South Brunswick High School

750 Ridge Road

Monmouth Junction, New Jersey 08852

732-329-4044 ♦ Fax 732-438-0074

October 1, 2014

Dear Parents/ Guardian,

This letter is to give you information about JSA's first regional conference for the school year, **Fall State 2014***. The trip is scheduled for **Saturday thru Sunday, November 22-23**, and the conference will take place at the Renaissance Woodbridge Hotel in Woodbridge, New Jersey.

This year, the total cost of the conference is **\$130.00**. Please make your check payable to: **JSA—SBHS**; be sure to put your child's name on the memo line of your check. This cost covers hotel accommodation, educational activities, and club expenses.

Students are to be dropped off at the hotel on Saturday at approximately 8:00 am, and to be picked up on Sunday at approximately 4:00 pm. Below you will find our contact information while we are in Woodbridge. Students are **NOT** allowed to drive themselves to the hotel as per JSA and school policy.

Conference contact information:

Hotel name: Renaissance Woodbridge Hotel
Address: 515 US Hwy 1 South, Iselin, NJ 08830 –
Phone number: 732-634-3600

Please remind your child to bring money for his/her meals; the conference fees do not include the cost of food. If you have questions please feel free to reach out to either one of us, our contact information is below.

Thank you for your support.

Sincerely,

Ms. Keisha Thom, JSA Advisor
keisha.spencer@sbschools.org
(732) 501-4118 mobile phone

Ms. Asmaa (Jessie) Kabel, JSA Co-Advisor
asmaa.kabel@sbschools.org
732-713-3311 mobile phone

*This trip is currently pending board approval.

South Brunswick High School
Overnight School Activities Medical Permission and Health Form gw3/09

Notes to Trip Coordinator:

- ~ Completed forms must be reviewed by nurses 2 weeks prior to trip. All forms will be returned to you.
- ~ Consult with nurse as soon as possible on all trips of extended duration or distance.
- ~ Additional trip information and/or a "Field Trip Permission Form" should accompany this form.
- ~ You must take all forms and copies of insurance cards with you on the trip in case of emergency.

To provide for the safety and well-being of your child, answer the information below completely.

Trip Coordinator Keisha Spencer and Asmaa (Jessie) Kabel Trip Date(s) November 22-23, 2014

Date this form is due to Trip Coordinator October 17, 2014

Student Name _____ Grade _____

Address _____ Date of Birth _____

Parent/Guardian Names _____

Home Phone _____ Cell Phone _____

Second Contact Name _____ Home Phone _____ Cell Phone _____

Student's Physician _____ Phone _____

Is student covered by health Insurance? **NO** _____ **YES** _____ Subscriber's Name _____

▶▶▶ YOU MUST ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD TO THIS FORM.

MEDICATION (including over the counter) **NEEDED ON TRIP?** **YES** _____ **NO** _____

All medications (including over the counter) must have a DOCTOR'S NOTE and be in the ORIGINAL PHARMACY CONTAINER

Medication _____ Reason _____ Dosage _____ Time _____

Medication _____ Reason _____ Dosage _____ Time _____

Medication _____ Reason _____ Dosage _____ Time _____

Does your student use an EPIPEN? **Yes** _____ **No** _____

***Can your student be given?** Tylenol _____ Advil _____ Benadryl _____

*Please note that **these medications can only be given if a district designated registered nurse is on the trip** per the district medication policy which states, "In accordance with State law, only a school nurse or a student's parent may administer medication in schools or on a trip. Written parental permission and a physician's order are needed for medications administered at school or on a trip. Emergency medication (i.e.: EpiPen injection or asthma inhaler) may be self-administered by a student, providing there is parental and physician permission on file."

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ADDITIONAL INFORMATION

1 Are there any restrictions in your child’s physical activity?

Explain _____

2. Does your child have a seizure disorder? Date of last seizure _____

What kind? _____

How often do seizures occur? _____

Treatment _____

3 Does your child have any allergies (plant, animal, food or medication) or dietary restrictions?

Explain and identify any treatment required _____

4 Are there any conditions which may need consideration such as chronic physical conditions, particular fears, sleepwalking, motion sickness, etc? In order to keep your child safe and protect him/her from embarrassment, please contact the School Nurse for management plans.

5. Please list any serious illness, injury or surgery your student has had in the past 3 years:

6. **Date of Last DT Booster** _____

7. Additional Remarks or Instructions:

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- I hereby give permission for school district staff to transport my child to or from a doctor and/or hospital for emergency treatment. I also give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment.
- I understand that if there is a pool on premises, child must abide by hotel/lodging rules and regulations regarding the use of the pool and surrounding area and that these pools are not likely to have a lifeguard on duty. I understand that the use of the pool is at my child’s own risk.
- I understand that all school rules apply during this trip/activity.

Parent/Guardian Signature _____ **Date** _____

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