

STAFFORD TOWNSHIP MUNICIPAL ALLIANCE
WITH LONG BEACH TOWNSHIP AND OCEAN TOWNSHIP
MUNICIPAL ALLIANCES
PROJECT GRADUATION – CLASS OF 2012
PERMISSION SLIP

I HEREBY GIVE PERMISSION FOR: _____

I.D _____ GENDER: M ____ F ____

SHIRT SIZE _____

To participate in Project Graduation Activities at the Funplex, Mt. Laurel, N.J. on the evening of Graduation, I release all participating Municipal Alliances, Stafford Township, Southern Regional District School Board, Southern Regional School District and its Employees, Southern Regional Transportation Association, Southern Regional Education Association and ANY and all Participating Education Associations and their Associates from **ALL LIABILITY**.

The following information must be completed on *both sides* of this permission slip for ***Project Graduation***. Please complete **ALL** areas listed and **mail to MRS. BOTT AT STAFFORD MUNICIPAL ALLIANCE, 260 E. BAY AVE., MANAHAWKIN, N.J. 08050 BY MONDAY MAY 7, 2012.**
Unless this form is returned, your student may not be eligible to participate in this activity.

WILL STUDENT BE ATTENDING? Yes _____ No _____

BUS STOP – THIS MUST BE COMPLETED (Nearest cross street to your home)

TELEPHONE NUMBER (Where parent can be reached the night of Project Graduation)

MEDICAL INSURANCE – COMPANY NAME & POLICY NUMBER

(If not insured – please write in N/A)

PARENTS SIGNATURE

I hereby give my permission for my senior/graduate to attend Project Graduation

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Students Name (print neatly)	Date of Birth

Is your son/daughter currently taking any prescription drugs?
NO YES (please give the name of the drug and how often the drug is to be taken:

Do you give your son/daughter permission to take over-the-counter, non-prescription medication in case of emergency?
No Yes

Does your son/daughter suffer from any health problems?
No Yes (please specify)

Does your son/daughter suffer from allergies?
No Yes (please specify)

ALL PRESCRIPTION DRUGS MUST BE REGISTERED WITH THE SCHOOL NURSE ON THE EVENING OF THE PROJECT GRADUATION TRIP BEFORE BOARDING THE BUS

Any questions, please call Gail Bott,
Director of Stafford Township Municipal Alliance
597-1000, ext 8585
Alliance@Twp.Stafford.nj.us