

Westlake Middle School

Mt. Pleasant Central School District

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April 9, 2024

Dear 8th Grade Families,

In collaboration with the middle school PTA, Westlake Middle School is excited to participate in an eighth-grade trip to Circle Line Sightseeing Cruises in New York City on **June 7, 2024**. Students will have the opportunity to see the various sights of New York City.

The cost of the trip is \$95.00. This cost includes transportation and a 3-hour lunch cruise with DJ entertainment, lunch, drinks, and snacks. **If your child will be attending this 8th grade trip, the payment of \$95.00** via **check** made payable to **MPCSD**, as well as the attached **permission slip** will be due no later than **Friday, April 19th. Please do not send cash**. If your last name is different from your child's, indicate it in the note section of your check. Put the check in an envelope with the title "Circle Line" and your child's full name. Students should drop off their check in the Main Office.

If there are families who are experiencing financial difficulties that affect your ability to pay for this trip, please contact your child's guidance counselor, Tania Greco, ext. 2602.

Participating in extracurricular activities is a privilege. Student behavior must be appropriate at all times and students must demonstrate a sense of pride and leadership in representing Westlake Middle School. Students with repeated or serious offenses this year, or whose behavior does not improve will not be allowed to attend this eighth grade trip.

Sincerely,

Anthony Mungioli

Principal

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WESTLAKE MIDDLE SCHOOL 8th GRADE TRIP TO CIRCLE LINE PERMISSION SLIP/MEDICATION AUTHORIZATION

SIDE 1 - PERMISSION - MUST BE SIGNED BY Friday, April 19th.

SIDE 2 – MEDICATION AUTHORIZATION – MUST BE SIGNED BY YOU AND YOUR DOCTOR ONLY IF YOU ARE SENDING MEDICATION, INCLUDING OVER-THE COUNTER MEDICATION, SUCH AS TYLENOL, ADVIL, ETC. BY FRIDAY, MAY 5.

- I. I give permission for my son/daughter [redacted] to participate in the following trip: **8th Grade trip to Circle Line, on June 7, 2024.**
- II. Please understand that inappropriate behavior will not be tolerated. Parents will be required to make arrangements to transport their child home in the event of such behavior.
- III. In order to ensure the safety and welfare of all students, luggage and student carry-ons may be examined.

IV. NEW YORK STATE NO-FAULT LAW PERTAINING TO SCHOOL BUSES

There are special rules for occupants of a school bus and no-fault insurance coverage, then the insurer of the school bus provides no-fault benefits. This law, therefore, requires passengers to first apply claim to their own automobile insurance carrier. The School District has been advised that this does not impact individual residents' car insurance rates, but represents a cooperative program by all insurance companies to address this insurance matter.

I hereby consent that my son/daughter [redacted] is permitted to take this class trip going by a regularly licensed school bus. I am willing that he/she makes this trip as a class member to **Circle Line, on June 7, 2024.**

In order for my child to participate in this trip, I acknowledge and agree to the above stated guidelines.

Emergency Authorization: In the event of a medical emergency, and I cannot be reached, I hereby give permission to a licensed healthcare provider at a medical facility to provide proper medical treatment. (If your child needs to take medication, please complete the reverse side).

PARENT/GUARDIAN SIGNATURE: [redacted]

PHONE: [redacted]

DATE: [redacted]

(OVER) _____ →

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TRIP MEDICATION AUTHORIZATION

A. AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS

NOTE: Authorization for medications **MUST** be completed in order for your child to have **ANY** medications while on the trip, including any **OVER-THE-COUNTER** medications (i.e, **TYLENOL, ADVIL, et.**) and **you MUST provide a physician's order for any medication listed below (PART B)**. Any changes to your child's medication after completing this form and prior to the trip must be shared with our school nurse, Cheryl Horowitz, (914) 769-8540, x2700.

Must be completed by Parent/Guardian

My Child _____ has my permission to have the following medication(s) during the class trip. My child has been instructed in the proper use in the medications listed below.

My child may self-administer medication **with private physician's order (Must Complete Authorization Below, Part B)**

Adult supervision is required and may be given by a nurse or a WMS chaperone. (Medication must be held by the nurse and **Part B must be completed**)

MEDICATIONS	DOSAGES	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: _____

PARENT/GUARDIAN SIGNATURE: _____

B. AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS

MUST BE COMPLETED BY LICENSED PRESCRIBER (Physician's order can be attached)

Name of Licensed Prescriber (please print): _____

Prescriber's Signature: _____ Date: _____

Address: _____ Phone: _____