Senior Events

Due no later than Friday, April 17th

Name: _____

A description of all events can be found at www.hershey.k12.pa.us/seniors

PAYMENT:

	Item/Event	Cost	Amt you are paying
You must choose ONE!	Cap, Gown, and Tassel for Commencement	$24	
	Tassel Only (I will be using a sibling's cap and gown from last year.)	$5	
	I will not be purchasing a cap and gown because I am not participating in Commencement.	$0	
OPTIONAL	Senior Prom	$78	
	Senior Prom Guest	$78	
	Senior Class Trip to HersheyPark (Cost is $0 with a Park Pass or $5 without)	$0 or $5	
	Senior Dinner	$18	

Total amount that you are paying (including the cap, gown, & tassel): _____

Payment - Please choose one option below.

- ❑ I have included cash in the amount of _____.
- ❑ I have included a check made payable to "*HHS Class of 2026*" in the amount of _____.
- ❑ I am paying via credit card in the amount of _____.
  Go to www.hershey.k12.pa.us/seniors for the link. (Please note that this method will include a transaction fee.)

OTHER INFORMATION NEEDED:

Additional information needed if you are taking a guest to the prom:

Is the Guest a HHS Student? □Yes □ No

What grade is the student currently in? □9th □ 10th □11th □ 12th □ Graduate

Name of Guest _____

(Reminder: If the guest is not a current HHS student, you must also complete a School Dance Guest Permission form. They can be found in the high school office or on the HHS Seniors website at www.hershey.k12.pa.us/seniors. That form should also be given to either Mrs. Ogle or Mr. Mackneer by Friday, May 8th.)

Please Note: The amount you are paying is nonrefundable.
If you have financial difficulties, see either Mr. Mackneer, Mrs. Ogle, or your school counselor.

For Office use Only. Please do not write below this line.

Date Received: _____ □ Cash □ Check #_____ □ Verified Online Amount _____

DERRY TOWNSHIP SCHOOL DISTRICT
SENIOR DAY at HERSHEYPARK – WEDNESDAY, MAY 27, 2026

Dear Parent/Guardian:

On Wednesday, May 27th, our seniors will hold their annual class trip to HersheyPark. In order for your son/daughter to participate in this activity, we ask that this consent and release statement be completed, signed and returned along with payment to either Mrs. Ogle in Room 246 or Mr. Mackneer in Room 235 no later than **Friday, April 17th.**

Students will attend this activity from a time yet to be determined until 2:00 pm. (The report time is dependent upon the opening time of HersheyPark.). Those wishing to remain after 2:00 pm may do so. There will be no supervision or transportation after that time.

There will be a specific time for Seniors to arrive at HersheyPark. They will be required to check-in with HHS Faculty for attendance and to receive their ticket (if needed) right outside the main gate. Therefore, students do not need to report to school. However, it is imperative that students arrive at the park by the indicated time. If they are not present by that time, they will be expected to bring a signed parent excuse when they return to school the next day (Thursday, May 28th).
Please note: If a student drives to HersheyPark, there is a fee charged for parking.

It is assumed that students will provide their own transportation to and from HersheyPark. If transportation is needed to or from HersheyPark, please email Mrs. Ogle at logle@hershey.k12.pa.us by May 1st.

Any appointments for the day must be brought to the school two days before the event with a telephone number to verify the appointment. If students do not attend HersheyPark, they will be expected to be in classes.

In order to attend, students cannot be in danger of not graduating. If there is any chance they will not be graduating, they will not be allowed to attend HersheyPark, and their payment will not be refunded. In addition, students who are not in good standing with HHS regarding attendance and discipline will not be permitted to attend the trip.

Student's Name: _____

Having read and understood the above, I give permission for my son/daughter to participate in the HersheyPark trip on May 27, 2026.

Parent's Signature: _____ Date _____

Derry Township School District
Field Trip Parental Permission and Health Information Form

Location/Name of Trip_____

CONTACT INFORMATION:

Homeroom: _____

Student: _____ Birth Date: _____

Home Address: _____ Home Phone #: _____

School/Program: _____ Teacher/Advisor: _____

Guardian 1 Name: _____ Daytime Phone #: _____

Evening Phone #: _____

Guardian 2 Name: _____ Daytime Phone #: _____

Evening Phone #: _____

Family Doctor: _____ Phone #: _____

Health Insurance: _____ Policy/Group#: _____

If HMO, name/phone number to call: _____

The person to contact in the event of an emergency is _____

Relationship to Student: _____

Emergency Contact Numbers: (Home): _____ (Evening): _____

HEALTH CONCERNS:

1. Please note any medical conditions (including medication, food or environmental allergies) that the student may have and their usual treatment:

2. Are there any special medical accommodations needed for your child while on this school activity (including any special dietary requirements)?

3. Please initial the following medications that you grant permission to be administered to your student as necessary by a nurse or physician who has been DTSD approved for the field trip: ***This question is only for trips with an accompanying nurse.***

Tylenol_____ Benadryl_____ Tums_____ Ibuprofen_____

In the event that my child and/or ward, becomes ill or is injured while attending or traveling to or from any school function, I, as parent and/or guardian, hereby authorize the Derry Township School District or any of its representatives to transport my child to a hospital or physician if neither parent can be contacted after reasonable investigation and if the Derry Township School District feels that immediate medical evaluation is necessary. I further authorize the physician or hospital to whom my child is taken to render any necessary medical or surgical treatment, which is deemed necessary under the circumstances.

_____ _____

Parent/Guardian Signature Date

Revised 08.08.25

Derry Township School District
Educational Trip/Activity Medication Authorization

Dear Parent or Guardian,

Please complete this document and return it along with the required Certification/Order from your child's licensed healthcare provider to _____ by _____.

The student's parent/guardian has primary responsibility for the health of the student. Although it is strongly recommended that medication be given in the student's home, it is recognized that some students may have unique medical needs, and there are instances in which medication will be required during the school day. Medication may be administered during an educational trip/activity when: 1) Failure to take the medication would jeopardize the health of the student; and/or 2) The student would be unable to participate in the program without the medication.

The educational staff will proceed as follows with regard to administration of emergency medications and/or medications to my student (Please check all applicable statements):

☐ My student **does not** require the administration of prescribed medication during the planned educational trip/activity.

☐ My student requires administration of the following prescribed medication during the planned educational trip/activity:

Name of Medication(s)

Medication(s)	Dosage Amount	Reason for Medication(s)	Hour(s) or Time(s) to be Dispensed

Effective Dates: (current school year only) From: _____ To: _____

☐ I request and authorize my child to self-administer his/her medication during the educational trip/activity on _____. Attached to this form is a Certification/Order from my child's physician authorizing self-administration of prescribed medication(s). The Certification/Order verifies that my child is capable of, and has been instructed in, the proper method of self-administration of the prescribed medication. I understand that my child shall be permitted to carry the prescribed medication at all times as long as he/she does not endanger him or herself or others. The prescribed medication shall be maintained in a clearly labeled original container noting the child's name, medication name, and time and or special circumstances for self-administration and sent with the child on the day of the educational trip/activity.

☐ I authorize the educational staff attending the educational trip/activity to administer prescribed medication to my child. Attached to this form is a current Certification/Order from my child's licensed healthcare provider that includes the name of the prescribed medication(s), appropriate dosage, route of administration, the time or special circumstances when the medication must be administered, possible side-effects or reactions and any necessary emergency response. The medication(s) identified in the attached Certification/Order will be carried during the educational trip/activity in the appropriately labeled original container by the student or educational staff and shall be maintained by designated staff.

By signing below, I agree that:

*** I understand that in the event the appropriate medical authorizations are not on file with the Derry Township School District and a student is found to be in possession of medication, it may be considered a violation of District policy. I understand that students authorized to self-administer medication assume full responsibility for appropriately securing the approved medication(s) and any improper use or distribution will result in disciplinary action.

*** I will indemnify and hold harmless the Derry Township School District, its Board of Directors, employees and agents against any claims arising out of the administration or self-administration of medication pursuant to this Authorization.

_____ _____
Parent/Guardian Signature Date