

**“A Night to Remember”**  
**Good Times+Great Friends=Amazing Memories**  
Friday March 25th-Saturday March 26th 2022

Dear Parents and Guardians:

We are so excited that we are able to have our All Night Party this year!!! From 6:00 p.m. Friday March 25th until 3:30 a.m. Saturday March 26th Maple Hill Jr. /Sr. high School's chapter of SADD will be sponsoring an All- night party.

We hope that we can build a strong sense of unity among our students and create an atmosphere of good feelings and fun! For this special event, only Maple Hill Jr. /Sr. high school students in grade 9-12 will be allowed to attend. All students must be transported from one activity to the next on the buses provided. *Students can stay for the entire evening or can be picked up at 1:30am when we return to school.* All school rules will be enforced at all locations.

We are encouraging students not to drive themselves to the high school on Friday night. The party will be ending at school on Saturday and we are recommending that parents pick up on Saturday morning. We do not want a lot of very tired students driving themselves home.

We will be collecting \$50 from each student starting Monday March 14<sup>th</sup>. Checks should be made out to the *Student Activity Account/HS SADD*. We would like to have all money collected by Monday March 21st. Please attach cash or check to the permission slip enclosed to assist in our bookkeeping. Students will bring their permission forms and money to their class advisor. All students must fill out the trampoline park waiver form, permission slip and field trip form.

It is our hope that all students will attend this event. If this event poses a financial hardship please reach out to Jennifer Delaney [jdelaney@schodack.k12.ny.us](mailto:jdelaney@schodack.k12.ny.us) 732-7701(1255); we do not want to turn anyone away due to lack of funds. If you have any questions, please call Jennifer Delaney at school at 732-7701.

Sincerely,

Jennifer Delaney  
SADD Advisor

<https://albany.getairmanagement.com/GroupWaiver.html>



# SADD Sponsored- All-Night Party "A Night to Remember"

Friday March 25th 6pm-3:30am

## Schedule of Activities:

6:00-8:30 Activities here at MHHS-(various activities including: board games, gym games, fosse ball, video games, food etc...)

9-11 Get Air Trampoline Park

11-1 -APEX (Bowling, Laser Tag, bumper cars, Hologate, sport simulator and arcade games)

1:30-3:30-Back at school for movies and snacks

*Students can leave at 1:30 to go home if they do not want to stay for the movie*

- Cost \$50 (Make checks payable to Student Activities SADD account)
  - Cost includes dinner, snacks and drinks throughout the evening, 2 activities (trampoline park and APEX), t-shirt, and cost of transportation.
- Money will be collected from Monday March 14<sup>th</sup> -Monday March 21st  
(Please pay your class advisor)
  - Freshman- Mrs. Krug
  - Sophomores-Mrs. Nichols
  - Juniors- Ms. Castle & Mrs. Delaney
  - Seniors- Mrs. Kakule & Mrs. Stilson

**"A Night To Remember"**  
**All Night Party**  
**Friday March 25th -Saturday March 26th**

**Permission Slip**

Student's Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Paid: \_\_\_\_\_Cash \_\_\_\_\_Check

Parent/Guardian's Name \_\_\_\_\_Phone Number\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

Field Trip permission forms ( )

# SCHODACK CENTRAL SCHOOL DISTRICT

## FIELD TRIP NOTICE PARENTAL PERMISSION

Date:

Dear Parent/Guardian:

Your child's class has scheduled a field trip activity to the **2022-SADD sponsored All Night Party**

The group will be leaving at **6pm** on **3/25/22**

and plans to return at **3:30 am** on **3/26/22**

The trip is a school activity which requires the consent of the parent or guardian. The group will be transported by means of school transportation. Your child may not participate in this experience until this signed form is returned.

Please sign and return the form to your child's advisor by **3/14/22-3/21/22**

(Name of student - PLEASE PRINT)

\_\_\_\_\_  
(Name of parent/guardian - PLEASE PRINT) (SIGNATURE of parent/guardian)

\_\_\_\_\_  
Sincerely,

**Jennifer Delaney (SADD advisor)**

Teacher/Lead Chaperone or Principal

# SCHODACK CENTRAL SCHOOL DISTRICT

## MEDICAL TREATMENT RELEASE FORM

(Goes with the Teacher)

(Name of Student)

\_\_\_\_\_ is a student in the Schodack Central School

District attending the **All Night Party** field trip on **3/25/22-3/26/22**

In the event that I am unreachable during an emergency involving my child, I hereby give permission to the supervising teacher to act on my behalf and to authorize whatever medical procedures are deemed necessary to protect the health and safety of my child, until such time as I may be reached.

(Name of Parent/Guardian)

\_\_\_\_\_

(Signature of Parent/Guardian) (date)

\_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

# SCHODACK CENTRAL SCHOOL DISTRICT

## FIELD TRIP

### STUDENT PERSONAL PROFILE

(Goes with the Teacher)

<b>Name: Last</b>	<b>First</b>	<b>Middle Initial</b>
Date of Birth:		

<b>Address: Street</b>	
Town	Zip Code
Phone:	

<b>Parent/Guardian Name</b>		
Last	First	Middle Initial
<b>Phone Numbers</b>		
Home	Work	Cell

<b>Emergency Contact</b>			
Name:			
Home	Work	Cell	

<b>Medical Profile</b>	
Insurance Carrier	Physician
Policy Number	
Medication	
Allergies	
Other Medical Conditions	

Is your child taking any medication with him/her on the trip? \_\_\_\_\_

If so, what is the medication and who is expected to administer this medication? \_\_\_\_\_

(Signature of Parent/Guardian) \_\_\_\_\_