



Dear parents, we would like to share with you the details for our annual **7th Grade Visit the United States Holocaust Memorial Museum**, being organized by our congregation, together with other synagogues in the Kehillah of Lower Merion. We hope your 7th grader will join us for this important experience.

TRIP SUMMARY

United States Holocaust Memorial Museum, Sunday, February 26th

Who: All 7th Graders of the Kehila of Lower Merion

Depart: 8:45 am (Har Zion Temple 1500 Hagys Ford Road)

Return: 7:30 pm (Same Location)

Cost: \$50 (Includes: Coach bus, Dinner and snacks, Museum Entrance, Chaperones)

RSVP: No Later than Friday, January 27th to your Synagogue's educator

DETAILS

The trip will take place on **Sunday, February 26th**.

This trip is for all 7th grade students from the following sponsoring synagogues: Adath Israel, Beth Am Israel, Beth David, Har Zion Temple, Main Line Reform Temple and Temple Beth Hillel-Beth El. The cost of the program is significantly subsidized by grants from the participated congregations and the Kehillah of Lower Merion.

Students will travel by coach bus, leaving from the Har Zion Temple parking lot at 8:45 am. Students should pack a bagged lunch (parve or dairy). We will supply water and snacks for the trip as well as stop for dinner on the way home from DC.

The cost of the day, including program costs, chaperones, dinner/snacks and transportation is only **\$50**. If there are any families for whom the price is a barrier, please let your school director know. No one will be turned away due to financial need.

We will be at the Museum for a 12:00 tour and, weather permitting, will have a short opportunity to walk across the street to the Tidal Basin and debrief the experience and, time permitting, will visit other DC mall memorials. We plan to depart the DC area by 3:30pm in order to stop in Baltimore for dinner and arrive back to HZT at 7:30pm.

Please fill out and return the enclosed form (to your synagogue Ed. Director) as soon as possible, but no later than Friday, January 27th. Direct any questions you may have to them as well.





7th Grade Visit to the USHMM– February 26
General Emergency Release Form

PLEASE SUBMIT THIS FORM AND A CHECK FOR \$50 (made out to Har Zion Temple) by FRIDAY, January 27, 2022. Send to your synagogue's Ed. Director.

Name _____ Gender _____

Address _____

City _____ State _____ Zip _____

School _____ Synagogue _____

First Parent/Guardian's Name _____

Email Address _____

Home # _____ Cell # _____

Second Parent/ Guardian's Name _____

Email Address _____

Home # _____ Cell # _____

Emergency Contact _____ Best # _____

Health Insurance Company/ID _____

Dietary Restrictions/Allergies _____

EMERGENCY MEDICAL RELEASE INFORMATION: I hereby give my consent for (Circle one): Adath Israel/Beth Am Israel/Beth David/Main Line Reform Temple/Har Zion Temple/Temple Beth Hillel-Beth El and designated employees, to make available to my child(ren) professional emergency medical care if such is indicated. It is understood that a conscientious effort will be made to notify me or my spouse before such action is taken. However, in the event that this is not possible, I give permission for my child(ren) to receive proper medical care by any doctor, nurse, paramedic or member of a medical staff licensed by the state of Pennsylvania, Delaware, Maryland or Washington, DC. This is to certify that my child is in good health. He/she has my permission to participate in all activities that are part of the regular program.

If you have any prescriptions that you need to take during the event they must be in the original bottles clearly marked with your name, the name of the medication and dosage. All medication must be given to a chaperone at the start of the event and it will be dispensed appropriately. Parent/Guardian must also indicate the necessity for the medication and the appropriate dosage either below on this form or in a note to your school director.

Please List Medications _____

Parent/GUARDIAN'S SIGNATURE _____

DATE _____

