

## HHS Robotics District Championship Info Sheet

Event Location	Date(s)	Day of Contact(s)	
Lehigh University Stabler Arena 124 Goodman Drive Bethlehem, PA 18015	Thursday, April 16th Friday, April 17th Saturday, April 18th	Cassie Pezza cpezza@haverfordsd.net (610) 233-5951	Gianine Breslin gbreslin@haverfordsd.net (610) 633-7811

Note: This is NOT an overnight trip. The team will commute to and from the event each day. The event is open to the public just like all of our previous events. Outside food and drink IS allowed at Lehigh. Concessions are pricey at this event so feel free to pack your own lunch/snacks!

### Schedule:

	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
	Load-In Crew Only: 6:30 Arrive at HHS 6:45 Depart in activity van 7:45 Event Doors Open	Load-In Crew Only: 6:30 Arrive at HHS 6:45 Depart in activity van 7:45 Event Doors Open	N/A
A	Remaining Team:	Remaining Team:	Entire Team:
M	7:30 Attend 1st Block 9:00 Depart HHS in Bus 10:15 Arrive at Lehigh 10:30 Practice Matches	7:30 Attend 1st Block 9:00 Depart HHS in Bus 10:15 Arrive at Lehigh 10:30 Practice Matches	6:30 Team Arrive at HHS 6:45 Team Departs HHS in Bus 8:00 Event Doors Open 9:00 Qualification Matches
	*See emailed event packet for detailed day of schedule*		
P	12:30 Lunch 1:30 Qualification Matches	1:00 Lunch 2:00 Qualification Matches	12:30 Alliance Selections 1:00 Lunch
M	~7:00 Team Leave Lehigh in Bus ~8:15 Team Return to HHS	~7:00 Leave Lehigh in Bus ~8:15 Return to HHS	2:00 Playoff Matches & Awards ~6:30 Leave Lehigh in Bus ~7:45 Return to HHS

*\*Note: EVERYONE is expected to help unload the van when we return. Unless we are aware of a conflict ahead of time, no one will be permitted to leave until EVERYTHING is back in the robotics room*

### Expectations:

- DO Wear current team shirts, closed toed shoes, and school appropriate clothing.
- DO Let us know ahead of time if you do not plan on traveling on the bus with team (e.g. change of plans, parents driving, skipping a day, a planned late arrival up late, etc)
- DO Bring cash to purchase lunch/snacks/drinks throughout the day or your own food
- DON'T Leave the venue early without a parent/guardian speaking to myself in person at the time of pickup

Keep this sheet  
Return following sheets



**School District of Haverford Township Field Trip Permission Form**

**I. Field Trip Information**

I, \_\_\_\_\_ (Parent/Guardian), hereby give \_\_\_\_\_ (Student) permission to attend the field trip

To:	Date of Event	Departure Time	Return Time	Attending (Please circle)
Lehigh University 124 Goodman Drive Bethlehem, PA	4/16/2026	6:45AM (invite) or 9:00AM	7:45PM	Yes   No
	4/17/2026	6:45AM (invite) or 9:00AM	7:45PM	Yes   No
	4/18/2026	6:45AM	7:15PM	Yes   No

**II. Emergency Contact Information**

Please list a local emergency contact where someone may be reached during the field trip in the event of an emergency.

<b>Emergency Contact #1:</b>	<b>Emergency Contact #2:</b>
<b>Name:</b>	<b>Name:</b>
<b>Relationship to Student:</b>	<b>Relationship to Student:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>

**III. Student Responsibility**

The student has the responsibility to have this form completed and returned to the sponsoring teacher at least **one week prior to the trip date**. This form must be returned to Cassie Pezza no later than **Tuesday April 14th**. If you fail to do so, you will not be allowed to participate in this trip.

**IV. Teacher Notification**

Students are responsible for completing any work missed during this absence. Students must reach out to their teachers to make arrangements for any missed work prior to their field trip. Field Trips will be coded in PowerSchool to notify teachers of the reason for the student's absence.

**V. Emergency Health Services**

In case of an emergency, when neither parent(s) nor emergency contact(s) can be reached, I give school authorities permission to call a physician or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense. I will accept financial responsibility.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VI. Medical Concerns**

**Health conditions, allergies, and/or other medical concerns:**

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Check if none

**Medications that will require administration during the field trip (if any):**

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**\*Please complete the required forms as outlined below.**

**VII. Medications**

[Board Policy 210: Medications](#)

[Board Policy 210ARI: Medications ARI](#)

Any medication to be administered during the trip requires either a **[“Physician’s Order for Prescription & Over-the-counter medication”](#)** or a **[“Physician’s Order - Self Administration”](#)** form to be **completed by the physician’s office and signed by the parent/guardian**.

All medication must be provided to the school nurse in its original container.