



Manchester Public Schools

Kennedy Education Center
45 North School Street
Manchester, CT 06042

www.mpspride.org

ELEMENTARY SCHOOLS FIELD TRIP PERMISSION SLIP

Parents of: _____ Field Trip to: _____

Date of Trip: ___/___/___ Cost per Student: _____ Lunch: _____

Departure Time: ___:___ (select AM/PM) Return Time: ___:___ (select AM/PM)

Appropriate Clothing: _____

It will ___ / will not ___ be necessary for parents to pick up students upon their return to school at the time stated above.

Please return this bottom portion before: ___/___/___

Please make note: If my child does not go on the field trip, he /she is expected at school on that day. There will be an adult to supervise him/her and work will be left by my child's teacher. This is *not* an excused absence. I also give my permission for my child to receive emergency medical treatment in case of accident or illness, even if I cannot be reached first. **If any medication is required and *not* provided to the school, *all* emergencies will be treated by 911. If you are packing a lunch for your student it needs to be NUT FREE.**

Medical Concerns / Needs: _____

Comments: _____

I give permission for : _____ to participate in the field trip
to: _____ on ___/___/___.

Yes I would like to chaperone _____.

Best number to reach me that day is: (____) _____ - _____. If the return time stated above is after the close of school, I will pick up my child at that time. If I am unable to pick up my child, I authorize _____ to pick up my child at the stated time.

Parent Signature