



Manchester Public Schools

Kennedy Education Center
45 North School Street
Manchester, CT 06042

www.mpspride.org

PERMISSION SLIP FOR SECONDARY SCHOOLS

Dear Parents or Guardians,

Date: _____

On ____ / ____ / ____ (in case of rain: ____ / ____ / ____) students in _____

will travel to _____ under the supervision of Team / Club _____

Purpose of the trip _____

• **Check Out:** _____ **Return Time:** _____

(Please note that parents or guardians are responsible for picking up students on time)

• **Lunch:** _____

• Attire: Please make sure the attire is appropriate for this environment and climate, if applicable.

• Uniforms required? ____ Yes ____ No Comments: _____

• **Cost of the trip:** _____
PAYMENTS: Please write a check to the school _____.
(Indicate the name of the student / team / trip)

• Cash payments: Please bring the exact amount (the school office cannot give change).

If cost of trip is excessive, arrangements can be made. If any questions email your child's teacher or call the school.

Principal or Field Trip Coordinator

The Superintendent of Schools reserves the right to reconsider the approval of this trip at any time between now and the time of departure of the trip. In the event that the Superintendent of Schools decides at any point to rescind his approval of the trip, the school will refund all money unless it is a non-refundable deposit, in which case, the Board of Education will still attempt to secure refunds for the parents and students.

It is school policy that a signed slip must be returned by every student. If your child is not attending the trip, please check the appropriate line and return the permission slip by the deadline. If permission slips are not returned, we must call home to verify that your child will not be going on a trip. **As always, a student's behavior will determine if he/she will be permitted to participate in these activities. Poor choices or misbehavior will result in exclusion from this event. While we do not want to exclude any student, we also want to provide all students with the opportunity to exercise responsible and appropriate behavior.**

Please return the bottom portion no later than ____ / ____ / ____

Authorize / Do Not Authorize (circle one) my son /daughter: _____ permission to attend the trip.

Will Travel to: _____ **Under supervision of Team/Club:** _____

Medical Concerns: _____

MEDICATIONS: _____

EMERGENCY MEDICAL TREATMENT: In the event of a medical emergency and I cannot be reached, I give permission for my student(s) to be treated. **If any medication is required and has not been provided to the school, any emergency will be referred to 911. If you are packing a lunch for your student it needs to be NUT FREE.**

*Parents/Guardians: (Please print your name): _____

Signature of Parent or guardian: _____

*The best number for you to be reached the day trip is: (_____) _____

*Name and emergency number in case you cannot be contacted: Name: _____ Phone: (_____) _____

*Yes, I would like to chaperone: _____

Please return to: _____