



Middletown Public Schools

Michael Pitruzzello, Director of Athletics/Student Activities

FIELD TRIP PERMISSION FORM

Date 11/19/13

School MHS

Grade 12

I hereby give permission for my child, _____ to participate
in the activity on 12/06/13 described below.
(date)

Description of Activity QAC Poster Session

Should a medical emergency arise on the trip, I give my permission for my child to receive appropriate medical treatment.

Home Phone No. _____ Daytime Phone No. _____ Cell Phone No. _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone No. _____

Medical problems of which the chaperone should be aware of _____

Over-the-counter medications and/or Prescription drugs to be taken _____

(doctor's authorization form must be in school/nurse's office prior to trip)

Parent/Guardian Signature _____

Parents/guardians, please keep this portion as a reminder of the trip

Date of Trip 12/06/13

Teacher's Name O'Brien / Cohen

Departure Time 12:00

Return Time 2:30

Transportation School Bus

Items to Bring Pen or Pencil