Instruction Field Trips and Community Service

## MIDDLETOWN PUBLIC SCHOOL FIELD TRIP PERMISSION FORM

Date of Event: Friday 6/9 through Sat 6/10	School	Middletown High School
		Grade <sup>12</sup>
I hereby give permission for my child,		, to participate in
the activity on <sup>6/9</sup> - <sup>6/10</sup>	described below.	
(date)		

**Description**: Project Graduation Overnight Event: Fri 6/9 9:00 pm through Sat 6/10 6:00 am. Location - Nomads Adventure Quest: 100 Bidwell Rd, South Windsor. Buses will be provided to and from the event. All students must be dropped off at the MHS Parking lot by 9:00 pm on Friday 6/9 to sign in. During the sign in process bags will be inspected before students board the bus. No student will be allowed to enter the event at Nomads individually without riding the bus. In addition, no student will be allowed to exit the building during the event at Nomads unless there is a medical emergency. Students will **return** to the MHS parking lot by bus on Saturday, 6/10 at 6 am. Students must ride the bus back to the MHS Parking lot.

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

Home Tele #	Cell Tele #	Daytime Tele #	
Emergency Contact Name		Relationship	
Emergency Contact Telephone	#	-	

Medical problems of which the chaperones should be aware:

Prescription drugs to be taken

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

Parents/Guardians: Please Note:

- Students must be passing <u>all</u> their classes in order to attend this field trip.
- Students must be in good standing with attendance (no class cuts.)
- All students are responsible for any missed work.

Parent/Guardian Signature
Print Parent/Guardian Name

Parents/guardians, please keep this portion as a reminder of trip		
DATE of TRIP	Teacher's Name	
DATE OF IKIF		
Departure Time	Return Time	
Transportation	Items to Bring	