

**Instruction**  
**Field Trips and Community Service**

**MIDDLETOWN PUBLIC SCHOOL**  
**FIELD TRIP PERMISSION FORM**

Date \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_, to participate in  
the activity on \_\_\_\_\_ described below.  
(date)

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 chaperons should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription drugs to be taken \_\_\_\_\_  
(doctor's authorization form must be in school/nurse's office prior to trip)

\_\_\_\_\_  
Parent/Guardian Signature  
Print Parent/Guardian Name \_\_\_\_\_

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

DATE of TRIP \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Departure Time \_\_\_\_\_

Return Time \_\_\_\_\_

Transportation \_\_\_\_\_

Items to Bring \_\_\_\_\_