Milford Public Schools

Field Trip Permission Slip

School:
Student's Name:
Student's Home Address: Student's Home Phone: Parents' Cell Number(s)
<u>Trip Information</u>
Location/destination of trip:
City State
Departure Date: Return Date:
Departure Time: Return Time:
Purpose of trip:
Method of transportation: bus train car airplane Provider of transportation:
Name of company, address and phone number
Cost of transportation: \$ Cost of trip/event: \$ Other expenses: \$ Total cost due by student: \$
Teachers accompanying/chaperoning trip:
Student Emergency/Medical Information
This form <u>must</u> be completed in its entirety in order for the student to attend this trip.
Emergency numbers to reach parent(s)/guardian(s) on date(s) of the trip: 1 2 3 Medical issues: Medications:
The student listed on this permission slip has my/our permission to participate in this field trip. I hereby permit the Milford Public Schools and its employees to apply emergency medical measurers and absolve the Milford Public Schools, its employees and the Milford Board of Education of any liability.
Permission/signature of parent(s)/guardian(s): Date: Date:
Date: "We reserve the right to cancel any scheduled trip if knowledge of increased risk or concerns about student safety warrants such action."

Date: 07/15/2008, Rev. A. DOC # CUR-F049 Page 1 of 1