

Milford Public Schools

Field Trip Permission Slip

School: _____

Student's Name: _____

Student's Home Address: _____

Student's Home Phone: _____

Parents' Cell Number(s) _____

Trip Information

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 **must** 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 measures 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: _____

“We reserve the right to cancel any scheduled trip if knowledge of increased risk or concerns about student safety warrants such action.”