



# Manchester Public Schools

Kennedy Education Center  
45 North School Street  
Manchester, CT 06042

[www.mpspride.org](http://www.mpspride.org)

## ELEMENTARY SCHOOLS FIELD TRIP PERMISSION SLIP

Parents of: \_\_\_\_\_ Field Trip to: \_\_\_\_\_

Date of Trip: \_\_\_/\_\_\_/\_\_\_ Cost per Student: \_\_\_\_\_ Lunch: \_\_\_\_\_

Departure Time: \_\_\_:\_\_\_ (select AM/PM) Return Time: \_\_\_:\_\_\_ (select AM/PM)

Appropriate Clothing: \_\_\_\_\_

It will \_\_\_ / will not \_\_\_ be necessary for parents to pick up students upon their return to school at the time stated above.

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**Please return this bottom portion before: \_\_\_/\_\_\_/\_\_\_**

**Please make note:** If my child does not go on the field trip, he /she is expected at school on that day. There will be an adult to supervise him/her and work will be left by my child's teacher. This is *not* an excused absence. I also give my permission for my child to receive emergency medical treatment in case of accident or illness, even if I cannot be reached first. **If any medication is required and *not* provided to the school, *all* emergencies will be treated by 911.**

Medical Concerns / Needs: \_\_\_\_\_

Comments: \_\_\_\_\_

I give permission for : \_\_\_\_\_ to participate in the field trip  
to: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_.

Yes I would like to chaperone \_\_\_\_\_.

Best number to reach me that day is: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. If the return time stated above is after the close of school, I will pick up my child at that time. If I am unable to pick up my child, I authorize \_\_\_\_\_ to pick up my child at the stated time.

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Parent Signature