



# Manchester Public Schools

Kennedy Education Center  
45 North School Street  
Manchester, CT 06042

www.mpspride.org

## PERMISSION SLIP FOR SECONDARY SCHOOLS

Dear Parents or guardians,

Date: \_\_\_\_\_

On \_\_\_ / \_\_\_ / \_\_\_ (in case of rain: \_\_\_ / \_\_\_ / \_\_\_) students at \_\_\_\_\_ will travel to \_\_\_\_\_  
\_\_\_\_\_ under the supervision of Team / Club \_\_\_\_\_

• **Check Out:** \_\_\_\_\_ **Return Time:** \_\_\_\_\_

*(Please note that parents or guardians are responsible for picking up students on time)*

• **Lunch:** \_\_\_\_\_

• **Attire:** Please make sure the attire is appropriate for this environment and climate, if applicable.

• **Uniforms required?** \_\_\_ Yes \_\_\_ No **Comments:** \_\_\_\_\_

• **Cost of the trip:** \_\_\_\_\_

PAYMENTS: Please write a check to the school \_\_\_\_\_.

(Indicate the name of the student / team / trip)

• **Cash payments:** Please bring the exact amount (the school office cannot give change).

If cost of trip is excessive, arrangements can be made. If any questions email your child's teacher or call the school.

\_\_\_\_\_  
Principal or Field Trip Coordinator

The Superintendent of Schools reserves the right to reconsider the approval of this trip at any time between now and the time of departure of the trip. In the event that the Superintendent of Schools decides at any point to rescind his approval of the trip, the school will refund all money unless it is a non-refundable deposit, in which case, the Board of Education will still attempt to secure refunds for the parents and students.

It is school policy that a signed slip must be returned by every student. If your child is not attending the trip, please check the appropriate line and return the permission slip by the deadline. If permission slips are not returned, we must call home to verify that your child will not be going on a trip. **As always, a student's behavior will determine if he/she will be permitted to participate in these activities. Poor choices or misbehavior will result in exclusion from this event. While we do not want to exclude any student, we also want to provide all students with the opportunity to exercise responsible and appropriate behavior.**

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**Please return the bottom portion no later than \_\_\_ / \_\_\_ / \_\_\_**

**Authorize / Do Not Authorize** (circle one) my son /daughter: \_\_\_\_\_ permission to attend the trip.

**Medical concerns:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of a medical emergency and I cannot be reached, I give permission for my student(s) to be treated. **If any medication is required and has not been provided to the school, any emergency will be referred to 911.**

**\*Parents/Guardians:** (Please print your name): \_\_\_\_\_

**Signature of Parent or guardian:** \_\_\_\_\_

**\*The best number for you to be reached the day trip is:** (\_\_\_\_\_) \_\_\_\_\_

**\*Name and emergency number** in case you cannot be contacted: Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_