

**Nauset Regional Middle School
Permission/Information for Field Trip**

Group: _____

Destination: _____

Date of Trip: _____

Place and Time of Trip: _____

Place and Time of Return: _____

Trip Requirements: _____

Optional Items: _____

Special Conditions: _____

Transportation: _____ Bus _____ Private Car _____ Limo _____ District Van.

(PLEASE CUT ALONG THIS LINE)

Please retain the above information for reference and return this portion to the teacher.

Name _____ has my permission to go with his/her group
to _____
on _____.

I understand he/she will be transported by: _____ Bus _____ Private Car _____ Limo _____ District Van.

Signature of Parent/Guardian

Name of Child

Home Room

Home Telephone Number: _____.

Telephone Number where parent may be reached during the Field Trip: _____

If I cannot be reached in case of emergency please contact:

Name

Telephone Number

If your child takes medication during the school day, this portion of the Permission Slip MUST be completed.

Dispensing Medication

While my child is away from school, his/her teacher has permission to dispense his/her medication.

Signature of Parent/Guardian

Name of Child

Home Room