

Midland Public Schools School: Central Park Elementary

Student Name (please print) _____

Today's Date _____

Parent/Guardian's Signature _____

Parent/Guardian's Printed Name _____

Field Trip Permission Form

Part of our work with the children consists in acquainting them with their community. They need to make natural observations and visit places of historical interest and community service. To be able to furnish these various experiences for our students, it is necessary to take them away from the school premises. You will be notified in advance by your child's teacher when and where a specific field trip will be taken by the class. If you are willing to have your child go on these trips that are sponsored by the school, please check the appropriate box below. We will consider this approval permanent unless revoked by the parent in writing.

☐ **I DO** give permission for my child to participate in field trips.

☐ **I DO NOT** give permission for my child to participate in field trips.

Medical Concerns/Allergies

My child has the following medical concerns/allergies: _____

Please check if your son/daughter will have any of the following in the school office:

Inhaler ☐ EPI pen ☐ Medication ☐ (Name of Medication _____)

All medication (prescription and non prescription) to be given at school must be accompanied by a permission form signed by a physician. Please ask for a form when enrolling your student.