

Upper Township Middle School

Date: _____

I hereby give my permission for _____ to go on a
Name of Student

field trip to _____
Field Trip Destination

Emergency Phone Numbers:

Phone _____ Name _____

Phone _____ Name _____

Note to Parent/Guardian: If your child is on medication that is normally taken during the hours of this field trip, kindly call your physician to check on changing hours of administering the medicine or not taking the medication, or see if a health official is chaperoning or contact the teacher if you can chaperon to administer medication.

Signed: _____
Parent/Guardian

