

**MIDDLETOWN HIGH SCHOOL FIELD TRIP PERMISSION FORM**  
**401-846-7250**

**This is to certify that** \_\_\_\_\_

**has my permission to participate in the field trip to:** \_\_\_\_\_

**Date leaving** \_\_\_\_\_ **Time** \_\_\_\_\_ **a.m.** \_\_\_\_\_ **p.m.**

**Date returning** \_\_\_\_\_ **Time** \_\_\_\_\_ **a.m.** \_\_\_\_\_ **p.m.**

**Transportation provided by:** \_\_\_\_\_

**Cost per student:** \_\_\_\_\_

**Special instructions: Activity sponsor:** \_\_\_\_\_

**Permission is granted to the sponsor to provide emergency medical care when and if it is deemed necessary. Also, it is acknowledged that the sponsor has the right to inspect all personal belongings and all rules and the participating student must follow regulations of Middletown High School.**

**Parent's signature of approval and phone number where you can be reached if necessary:** \_\_\_\_\_