



Milford Middle School

33 Osgood Road, Milford, NH 03055

603-673-5221

COLLEEN M. HACKETT
Assistant Principal

ANTHONY P. DeMARCO
Principal

ELIZABETH GIBNEY
Curriculum Coordinator

Dear Parents,

On Wednesday, April 17, Team Freedom will journey to Lowell, Massachusetts, to visit the historic Boott Cotton Mill and Tsongas Industrial History Center. This year in social studies, students are exploring United States history from our nation's creation through the Civil War and our trip to Lowell National Historical Park will allow students an opportunity to experience the lives of New England textile workers in an authentic setting. Students will walk through a historic textile factory and nineteenth century boarding house in addition to participating in workshops that will help them understand the technology, culture, and ecological impact of this age gone by. The Park offers age specific content that will be new for everyone, even if your child has visited the Boott Cotton Mill before.

- **The cost is \$14 per child. This will cover the cost of bus transportation, tour of the historic sites, and participation in one age specific educational program at the mill.**
- **Students will need to bring snacks and a bagged lunch – there is NO place to buy food.**
- **Please No Glass Bottles!**
- **Students will need to bring closed-toed shoes and school appropriate clothing.**

ITINERARY

Depart School: 7:45am (Please come to school at normal time)
 Return to School: 2:00pm (Students will be dismissed at their regular time)

If there are behavioral issues that would compromise your child's eligibility for attending the field trip, you will be contacted.

Field Trip Permission

Please return signed permission / medical form and \$14.00 to Dr. Frenkiewich by Tuesday, March 12
(Make check payable to Milford Middle School)
(Please fill out the Medical Form on the back of this page.)

Student Name

Core

Parent/Guardian Signature

Date

____ I would like to be one of the parent chaperones for this trip. Please contact me at the email address below if you need help supervising students (Please write clearly).

Name: _____

Email: _____

**MILFORD SCHOOL DISTRICT FIELD TRIP FORM
MEDICAL & EMERGENCY CARE INFORMATION**

Student Name _____ DOB _____ DATE _____

School _____ Grade _____ Teacher _____

Address _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Insurance Name _____ Insurance # _____

Student's Physician _____ Phone # _____

Check all that apply:

___ Allergy to _____ Symptom _____

Name of Medication(s) _____

___ Needs to receive the following medication on this trip _____ Time _____

___ Additional medication _____ Time _____

If taking medication on this field trip you must check one of the below:

___ Parent will provide the medication from home (must be a 1 day supply in correctly labeled pharmacy bottle)

___ School Nurse should provide this medication

You have my permission to assist/supervise my child in taking the medication(s) listed above. I understand that a teacher or other designated responsible adult may carry my child's medication. In the event of an emergency or serious illness, I request you contact me. You have my permission to obtain any emergency medical care necessary to ensure my child's wellbeing while on this field trip.

Parent/Guardian Signature _____ Date _____