



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 Tuesday, June 11, the MMS 8th grade will travel to Salem, NH for a day of fun at Canobie Lake Park.

- **The cost is \$25 per child. This will cover the cost of bus transportation and admission to the park. Fees for games and food are not included in this price.**
- **Students must come to school dressed in accordance with MMS policy.**
- **MMS is not responsible for lost or stolen items at the park.**
- **Rain Date: Wednesday, June 12 (Based on Weather Forecast)**

ITINERARY

Depart School: 7:45am (Please come to school at normal time)

Return to School: 2:00pm (Students will go home as normal)

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

Field Trip Permission / Medical Form

My child has permission to attend the Canobie Lake field trip sponsored by Milford Middle School.

Student Name

Parent/Guardian Signature

Date

Please return signed permission (front) / medical form (on back) and \$25.00 to Dr. Frenkiewich (Freedom) or Ms. Almeida (Liberty) by Friday, May 31 (**Make check payable to Milford Middle School**)

Please check if your child will not be attending the Canobie Lake Field Trip. Any children who do not go on the field trip, but still attend school on that day, will stay with a teacher who will provide an academic experience with similar curricular objectives.

(See Back for Medical Form)

**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 _____