



Milford Middle School

33 Osgood Road, Milford, NH 03055

603-673-5221

COLLEEN M. HACKETT
Assistant Principal

ANTHONY P. DeMARCO
Principal

EMILY MACDONALD
Guidance Counselor

ROSE O'NEILL-VERNEY
Curriculum Coordinator

WENDY VAUPEL
Guidance Counselor

Dear Parents,

On Tuesday, June 12, 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 13 (Based on Weather Forecast)

ITINERARY

Depart School: 7:45am (Please come to school at normal time)
 Return to School: 4:00pm (Please pick your child up promptly)

If there are behavioral 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, June 1 (**Make check payable to Milford Middle School**)

(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 _____