

MANSFIELD HIGH SCHOOL
FIELD TRIP PERMISSION SLIP

DATE OF TRIP: 11/28 TIME/FROM: 2:15pm TO: 3:30pm

SUPERVISED BY: Mr. Ketterer and Chaperones

NUMBER OF STUDENTS: 70 NUMBER OF CHAPERONES: 4

DESTINATION (NAME AND LOCATION): Students will meet at the North Commons and march to the South Commons.

PURPOSE OF THE TRIP: Mansfield Christmas Parade

COST TO THE STUDENT (IF ANY): None

Does your child have any allergy or medical condition that the teacher or chaperone should be aware of?

If your child requires emergency medication (ie. epipen or an inhaler), you acknowledge that your child will be responsible for carrying it with him/her.

I give permission for my son/daughter _____
Student Name (Last, First, Middle Initial)

to visit _____ on _____.
Name and Location Date

IN CASE OF EMERGENCY CALL

1) _____
Name Tel. No. Relationship

2) _____
Name Tel. No. Relationship

Signed: _____ Date: _____
Parent/Guardian

PLEASE COMPLETE REVERSE SIDE ALSO