

Swampscott Middle School

WALKING FIELD TRIP PERMISSION SLIP

Student Name: _____

Teacher: _____

Grade _____

Is a nurse required on this field trip? (Nurse Hartmann must be notified of all field trips)

_____ (student's name) has my permission to take part in all walking trips off school grounds during the academic year 2016-2017. It is my understanding that such trips will support and enhance what is being taught in the classroom and may involve such things as observing changes in nature, visiting well known community establishments, and partaking in school fitness activities.

If for some reason I do not want my child to participate in an off grounds walking field trip, I will contact the homeroom teacher.

Signed: _____
Parent/Guardian

Print Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Phone: _____