

ALEXANDRIA MIDDLE SCHOOL  
Field Trip Information

**PLEASE INDICATE IF THERE IS ANY CHANGE IN EMERGENCY CONTACT PHONE  
NUMBERS OR IN THE HEALTH STATUS OF YOUR CHILD**

(Please contact the teacher if you have any questions or comments. We would welcome any feedback following the trip.)



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**(Please detach and return, if applicable)  
MEDICATION FORM**

If your child requires medication on the trip, please complete and return the following:

Student's Name \_\_\_\_\_ Medication: \_\_\_\_\_  
Dose: \_\_\_\_\_ Time to be taken: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Special instructions for administering or storing: \_\_\_\_\_  
\_\_\_\_\_



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**(Please detach and return)  
FIELD TRIP PERMISSION SLIP**

Dear \_\_\_\_\_

Date \_\_\_\_\_

My child \_\_\_\_\_, grade \_\_\_\_, has my permission to go to  
\_\_\_\_\_ on \_\_\_\_\_. I understand that transportation will be  
provided by school bus.

(Signature of Parent/Guardian)