Freeport Middle School

Student Name:			Please return form by:	11/16/18					
Teacher Contact: M	rs. York								
Activity: Sparkle Par	rade								
Date:	12/7/20	12/7/2018							
Time:	Parade	Parade starts at 6pm, students need to be in the FMS cafeteria at 5pm							
Cost:	N/A	N/A							
Transportation:	N/A	N/A							
Additional Notes (including meals): *My child has special d									
*My child self carries th	ne following	emergency medication and	will have in his/her possession	on day of trip:					
*My child has the follov	ving medica	tion in the nurse's office tha	t needs to be sent with staff on	day of trip:					
*In case of an emerger	ncy please c	ontact the following people:							
Name:		Phone Number:							
Laive permission for m	v child to ful	ly participate on the field trin	and receive any necessary m	edical treatment as needed					
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Parent/Guardian Signature Date I am able to help chaperone: yes no									

Email:			