Stonington Public Schools
Field Trip Permission Form

My child _____, has my permission to attend the school field trip to _____on _____. I understand that the bus will leave school at _____ and return at approximately _____. If the school day is over, it is my responsibility to secure my child's transportation home.

_____ _____ _____ _____ _____

Parent / Guardian *Date* *Home Phone* *Work Phone* *Cell Phone*

List two local family members or friends who have agreed to care for your child if you cannot be reached:

1. _____ _____ _____
2. _____ _____ _____

Name *Relationship* *Phone*

List health problems such as allergies, etc.

_____

_____

_____

Has daily medication been prescribed by your physician? Yes No

_____

_____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

_____ _____

Parent / Guardian *Date*

_____ _____

Local Physician *Phone*

Please note: Teacher organizing the trip will notify the school nurse at least 24 hours prior to the field trip.

(6/2005/sm)

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