

**STONINGTON PUBLIC SCHOOLS
FIELD TRIP
RELEASE AND PERMISSION FORM E**

My child _____, has my permission to participate in
Name of Child
 the school field trip to _____ on _____ and
Destination Date
 returning on _____. I understand that the bus will leave school at
Date
 _____ and return at approximately _____. If the school day is over,
Time Leaving Time Returning
 it is my responsibility to secure my child's transportation home.

I have received a copy of the itinerary. I am aware of the rules and regulations as stated in the student handbook which will be in effect on this trip. I fully understand that, should any of the Trip Coordinator/s determine that my son or daughter has violated any of the rules, I may be required to pick up my child at a mutually agreed upon location. I will be responsible for the payment of any additional transportation fees.

I fully understand that the Stonington Public Schools will not provide accident, medical, hospitalization or any other kind of insurance for students participating in the trip. Should my son or daughter be injured, resulting in the need for medical attention, I understand and hereby agree to be wholly responsible for all medical, hospitalization, transportation and related expenses which may arise as a result of said injury.

In case of accident or serious illness, I request the Trip Coordinator/s to contact me. If he/she is unable to reach me, the Trip Coordinator should then attempt to contact either of the two family members/friends listed. If the Trip Coordinator is unable to contact me or either of the family members/friends listed, the Trip Coordinator should attempt to contact the physician listed on the following page. The Trip Coordinator is authorized to follow this physician's medical instructions. **If the Trip Coordinator is unable to contact any of the aforementioned individuals, the Trip Coordinator is authorized to make all necessary medical arrangements, including transportation by ambulance and emergency care by medical personnel if necessary.**

I hereby hold the Trip Coordinator/s, the particular Stonington school, the Town of Stonington, and the Stonington Board of Education free and harmless from any and all claims that may arise as a result of the Trip Coordinator/s pursuing and authorizing medical care in the manner provided above. I have read, understand and agree to see the above information on this form.

 Parent/Guardian (signature)

 Date

 Home Phone

 Work Phone

 Home Address

 Pager/Cell Phone #

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

1. _____
Name (please print) Relationship

Home Phone Work Phone Cell Phone/other

2. _____
Name (please print) Relationship Phone

Home Phone Work Phone Cell Phone/other

List health problems such as allergies (medications, insects, food, etc.) _____

List any dietary restrictions: _____

Has daily medication been prescribed by your physician? YES NO

If yes, list

Name of Local Physician (please print) Phone

*******OPTIONAL*******

HEALTH INSURANCE -
Name of Insurance Company _____

ID Number: _____ Group Number: _____

Parent/Guardian (signature) Date

Please note: Trip Coordinator will notify the school nurse at least one week (high school)/two weeks (elementary and middle schools) prior to the field trip departing.

