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
Time Leaving
and return at approximately ___________.
Time Returning

If the school day is over, it is my responsibility to secure my child’s transportation home.

☐ Placing a check mark in this box indicates parent/guardian interest in a need-based trip
scholarship for this student.

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.

<table>
<thead>
<tr>
<th>Parent/Guardian (signature)</th>
<th>Date</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Home Address</td>
<td>Pager/Cell Phone #</td>
</tr>
</tbody>
</table>

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        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.