

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.