

WESTON PUBLIC SCHOOLS
Weston, Connecticut

FIELD TRIP MEDICAL COVERAGE FORM

I give permission for medication to be administered by the approved chaperones and these chaperones have permission to approve emergency medical treatment if the parents cannot be reached.

I also understand that it is my responsibility to provide medical insurance for my son/daughter while on this field trip.

I will not hold the Weston School System or the Town of Weston liable for any accidents occurring outside the appropriately chaperoned areas.

Parent/Guardian Name

Emergency Number

Parent/Guardian Signature

Date

**MEDICAL COVERAGE FORM FOR
OVERNIGHT OR LONGER FIELD TRIPS**

Any medical problem?

Any allergies?

Any on-going medication?

If yes, what?

How administered?

Doctor's Name

Telephone Number

Doctor's Signature

Date