

WESTON PUBLIC SCHOOLS  
Weston, Connecticut

Form 1

**FIELD TRIP AND 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