

Hurlbutt Elementary School

FIELD TRIP PERMISSION FORM

Date _____

Date of field trip _____

Destination _____

Teacher _____

_____ has permission to attend the above noted field trip.

Parent signature

Field Trip Medical Coverage Form

I give permission for medication to be administered by the approved staff who also 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 trip.

I will not hold the Weston School System or the Town of Weston liable for an accident occurring outside the appropriate chaperoned areas.

Parent Signature

Date

Emergency Number