

**MILFORD SCHOOL DISTRICT FIELD TRIP FORM**  
**MEDICAL & EMERGENCY CARE INFORMATION**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ Insurance # \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Check all that apply :

\_\_\_\_\_ Allergy to \_\_\_\_\_ Symptom \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

\_\_\_\_\_ Needs to receive the following medication on this trip \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ Additional medication \_\_\_\_\_ Time \_\_\_\_\_

If taking medication on this field trip you must check one of the below:

\_\_\_\_\_ Parent will provide the medication from home (must be a 1 day supply in correctly labeled pharmacy bottle )

\_\_\_\_\_ School Nurse should provide this medication

You have my permission to assist/supervise my child in taking the medication(s) listed above. I understand that a teacher or other designated responsible adult may carry my child's medication. In the event of an emergency or serious illness, I request you contact me. You have my permission to obtain any emergency medical care necessary to ensure my child's wellbeing while on this field trip.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_