

**Milford Public Schools**  
**EDUCATIONAL FIELD TRIP/ACTIVITY**

**MEDICAL INFORMATION FORM**

The following students are in need of medication during the time of the trip:

<u>NAMES OF STUDENTS REQUIRING MEDICATION</u>	<u>WHO WILL ADMINISTER MEDICATION</u>	<u>TIME MEDICATION IS TO BE ADMINISTERED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date of Trip

\_\_\_\_\_  
Grade or Group Making the Trip

\_\_\_\_\_  
School Nurse's Signature