

# APPENDIX M TRIP MEDICAL SUPPLEMENT

## MEDICAL INFORMATION FORM SUPPLEMENT

- The *Medical Information Form* is to be filled out at the beginning of each school year.
- The *Medical Information Form Supplement* can be used thereafter.

Student Name \_\_\_\_\_

Trip \_\_\_\_\_

Date of trip \_\_\_\_\_

- I confirm that the information given on the *Medical Information Form* at the beginning of this school year is still correct and up-to-date.
- The medical information for my child has changed and I have updated his/her *Medical Information Form*.

Name of Parent/Guardian \_\_\_\_\_  
*please print*

\_\_\_\_\_  
*Parent signature*

\_\_\_\_\_  
*Date*