# Field Trip Medication Record

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s name: |  |  | | | | |  | Age: |  | | |  |
| Teacher: |  |  | | | | |  | Grade: |  | | |  |
| Medication: |  |  | | | | |  | Dosage: |  | | |  |
| Time to be given: |  |  | | | | |  | Date: |  | | |  |
| Person giving medication: | | |  |  | | | | | | | |  |
|  | | |  | (Signature) | | | | | | | |  |
| Supervising school nurse: | | |  |  | | | | | | | |  |
|  | | |  | (Signature) | | | | | | | |  |
| Date and time medication was given: | | | | |  |  |  |  | |  |  |  |
|  | | | | |  | Date |  | Time | |  | Initial |  |
|  | | | | |  |  |  |  | |  |  |  |
|  | | | | |  | Date |  | Time | |  | Initial |  |
|  | | | | |  |  |  |  | |  |  |  |
|  | | | | |  | Date |  | Time | |  | Initial |  |
|  | | | | |  |  |  |  | |  |  |  |
|  | | | | |  | Date |  | Time | |  | Initial |  |

|  |  |
| --- | --- |
| Problems with medication administration: |  |

Please return this paper to the health room after the field trip. This document will become legal record of the student’s medication documentation. The nurse or designee must verify all medication returned to the health room.

|  |  |  |  |
| --- | --- | --- | --- |
| Amount of medication returned: |  | | |
|  |  | | |
| Person returning the medication: |  |  |  |

(Signature) (Date)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Nurse: |  |  |  |  |

(Signature) (Date)