**Field Trip Medication Administration Skills Checklist**

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| **Knows Policies for Safe Medication Administration** | | | | | | |
| All medications (prescription and over the counter) need a LHP/parent signed request form before medications are given. | | | | | | |
| Medications are to be in prescription bottle or original container. | | | | | | |
| Medications are to be kept in a secure/locked area, e.g., car trunk, school bus cargo space, or fanny pack. | | | | | | |
| Copy of LHP Authorization for Medication at School to accompany medication. | | | | | | |
| Only designated and trained school staff may give medications. | | | | | | |
| **Preparation** | | | | | | |
| Familiar with information about the medication. | | | | | | |
| Understands side effects and what to do if problems occur. | | | | | | |
| **Knows How to Give Medication Safely** | | | | | | |
| Describes steps of safe administration, including:   1. Right student (ask student his/her name). 2. Right medication (check the medication, the Medication Authorization Form, and the Documentation Form for consistency). 3. Right time to give medication. 4. Ask the student if they have already received medication, or when he/she last received it. 5. Avoid touching pill. 6. Offer student water or some liquid. 7. Watch the student swallow the pill. 8. Place lid on medicine bottle and place medication in locked or secure area. 9. Record that you gave the medication on the Documentation Form. If medication was wasted or destroyed, have a witness cosign with you and give reason on the Documentation Form. 10. If any questions regarding medication, page or call school nurse. | | | | | | |
| **Emergency Medication** | | | | | | |
| Review’s students Emergency Care Plan (ECP) with school nurse. | | | | | | |
| Demonstrates (to nurse) proper use and storage of inhaler and/or EpiPen | | | | | | |
| Understands steps of safe medication procedure outlined above. | | | | | | |
| Knows to follow ECP guidelines. | | | | | | |
| Will notify school nurse of any concerns or questions. | | | | | | |
| Click or tap here to enter text. | |  | | Click or tap to enter a date. | | |
| Staff person/Trainee | | | Date | | | |
| Click or tap here to enter text. | |  | | Click or tap to enter a date. | | |
| Name of Trainer | | | Date | | | |
| Click or tap here to enter text. |  | |  | |  |  |
| *Reviewed* | | | *Initials of Trainer and Trainee* | | | |