

**FIELD TRIP MEDICATION ADMINISTRATION RECORD**

**Please complete this form if the student must take medication while on the field trip.**

**STUDENT'S NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **VOCATIONAL PROGRAM:** \_\_\_\_\_

**A nurse will administer the student's medication while on a field trip. All medications must be in the original container/prescription bottle and labeled with the child's name:**

Name of Medication: \_\_\_\_\_

Diagnosis or reason for needing the medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Diagnosis or reason for needing the medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Diagnosis or reason for needing the medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

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**For school personnel use (Please initial by medication administration time AND sign name at bottom of this form):**

Name of Medicine: \_\_\_\_\_

	Time Admin. w/ Initial	Time Admin. w/ Initial	Time Admin. w/ Initial	Time Admin. w/ Initial
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____

Name of Medicine: \_\_\_\_\_

	Time Admin. w/ Initial	Time Admin. w/ Initial	Time Admin. w/ Initial	Time Admin. w/ Initial
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____

Name of Medicine: \_\_\_\_\_

	Time Admin. w/ Initial	Time Admin. w/ Initial	Time Admin. w/ Initial	Time Admin. w/ Initial
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Date:	_____	_____	_____	_____

Signature and Initial of School Personnel: \_\_\_\_\_

Signature and Initial of School Personnel: \_\_\_\_\_

Signature and Initial of School Personnel: \_\_\_\_\_

**This form should be returned to the school nurse upon return from the field trip.**