School District Letterhead

**Sample Field Trip Medication Record for Licensed Professionals Administering Medications**

Student Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Field Trip**  | **Medication** | **Dose** | **Time** | **Initial & Date to Indicate Student****Use of Supplied Medication** |
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| **Nurse Signature** | **Initials** |
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This sample resource is located at [www.schoolheathny.com](http://www.schoolheathny.com) – Forms | Notifications 2/2024