School District Letterhead

**Sample Field Trip Medication Record for Unlicensed Professionals who are Assisting Supervised Students**

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

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

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