

Field Trip Medication

Student's Name:

Age:

Grade:

Teacher:

Medication:

Dosage:

Time to be given:

Route:

Person Giving Medication:

(Signature)

Date and Time Medication was given:

(Date)

(Time)

Please return this paper to the School Office after the field trip.
Be sure to document on the student medication log upon return to school.
Thank you.

