

Field Trip Medication Log

FIELD TRIP MEDICATION	FIELD TRIP MEDICATION
Staff member who prepared med: _____	Staff member who prepared med: _____
Student: _____	Student: _____
Teacher: _____	Teacher: _____
Medication/Dosage: _____	Medication/Dosage: _____
Amount to be given: _____	Amount to be given: _____
TIME: (Give between): _____ -- _____	TIME: (Give between): _____ -- _____
FILL OUT BELOW AFTER MED IS GIVEN:	FILL OUT BELOW AFTER MED IS GIVEN:
Date: _____ Time given: _____	Date: _____ Time given: _____
Signature of staff member who gave medication: _____	Signature of staff member who gave medication: _____
_____	_____
<i>Please return this form to the school office after the field trip.</i>	<i>Please return this form to the school office after the field trip.</i>
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