

FIELD TRIP MEDICATION HANDOFF RECORD

Date: _____ **Destination:** _____ **Class/Grade:** _____

Teacher: _____ **Departure Time:** _____ **Return Time:** _____

Nurse consultant or designated medication trained staff

I identified the child(ren) needing medication during the field trip described above. I prepared a copy of the medication log and authorization document and paired it with each original medication container.

Name: _____

Printed Name
Signature
Date
Time

Student	Medication	Dosage	Time to be given

Field Trip Staff/Teacher

I maintained the medication in a secure area at all times during the field trip. I documented medication administration on the copy of the medication log. I reported any incidents to the nurse consultant and completed appropriate documentation. I returned the medications to the nurse consultant or designated medication trained staff.

Name: _____

Printed Name
Signature
Date
Time

FIELD TRIP MEDICATION

Student's Name: _____ Age: _____

Teacher: _____ Grade: _____

Medication: _____

Dosage: _____ Route: _____

Time to be given: _____ Date: _____

Person Giving Medication:

(Signature)

Date and Time Medication **was given:**

(Date) (Time)

Please return this paper to the health room after their field trip. Be sure to document on the student medication long upon return to the school.

Thank you.