

**Germantown Municipal School District
Field Trip Medication Administration Report**

Parent completes the top portion, signs and returns the form to the school.

School: _____ School Year: _____

Student's Name _____ Grade _____ Teacher _____

Date of Field Trip _____

Location of Field Trip _____

Name of Medication _____

Dose to be Administered _____ Route of Administration _____

Time to be Administered _____

Please choose the option you prefer for the administration of your child's medication on the day of the field trip. Sign below and return to the Medication Records Clerk or School Nurse.

- _____ I will accompany my child but please send his/her medication to administer.
- _____ I will accompany my child and I will carry and administer the above medication myself.
- _____ I wish to have my child skip the above medication on the field trip day.
- _____ I authorize staff or nurse (if available) to administer the above medication on the field trip.

| | |
|--------------------|-------|
| _____ | _____ |
| Designee Signature | Date |
| _____ | _____ |
| Parent Signature | Date |

Office Staff Only:

Please tear this portion off and attach to Student's MAR sheet for medication administered on the field trip.

Student Name _____ Date of Trip _____

| Medication Name | Dose | Time of Administration | Route | Signature |
|-----------------|------|------------------------|-------|-----------|
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Procedure:

| Type of Procedure | Time | Signature | Outcome |
|-------------------|------|-----------|---------|
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| | | | |
| | | | |

Addition Comments: _____