

**SAMPLE**

District \_\_\_\_\_

**Field Trip Medication Record\***

Trip \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

Student's Name	Medication	Dose Amount Given	Route: By mouth or inhalation, etc.	Time	Assisted by

\* To be kept in the school nurse's office. The school nurse needs to document activity in the student's electronic health record.