



# Valley School District No. 070

3030 Huffinan Road • Valley, WA 99181 • Ph: (509) 937-2791 • Fax: (509) 937-2204 • www.valleysd.org

## Field Trip Medication Administration Record

Complete the following information and return medication and this record to the attention of the school nurse in the office immediately after the field trip/event. The nurse will transfer this information to the student medication log and verify any medication returned to the healthcare room.

Student/Child Name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

School/Teacher: \_\_\_\_\_

<b>Field Trip / Event:</b> _____
<b>Date:</b> _____ <b>Duration of Event (hours):</b> _____
<b>Person(s) Administering Medication:</b> _____

Medication: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Type/Dosage:       Capsules/Tablets: \_\_\_\_\_       Liquid cc/oz.: \_\_\_\_\_  
 Oral Inhaler: \_\_\_\_\_       Drops: \_\_\_\_\_  
 Ointment: \_\_\_\_\_       Other: \_\_\_\_\_

DATE	TIME	DOSAGE GIVEN	QTY/COUNT	INITIALS	COMMENTS <small>(reason not given, side effects observed, etc.)</small>

### IN CASE OF A LIFE-THREATENING EVENT:

Time EMS called: \_\_\_\_\_ Time EMS arrived: \_\_\_\_\_

SUBMITTED BY:

\_\_\_\_\_  
*Name / Signature*      Date: \_\_\_\_\_

RECORDED BY:

School Nurse \_\_\_\_\_  
*Name / Signature*      Date: \_\_\_\_\_