ONLY COMPLETE IF APPLICABLE

A <u>separate</u> form is required for each medication, including asthma inhalers and epinephrine autoinjectors which are carried by the student.

MEDICATION ADMINISTRATION RECORD

Student:	DOB:/
Licensed Prescriber Name/Phone/Address:	
Medication/Dose/Route/Time(s) to Administer:	
I give permission for the Field Trip Nurse to give th	ne above medication to my student.
Signature Parent/Guardian	Date
Date/Time (To be completed by Nurse)	
<u>Initials</u> <u>Name</u>	CODES
	W: Dose Withheld (Chart reason in student log)

*ALL medication must be administered by the Trip nurse, regardless of the student's age or Section 504 or Transition Plan.

Revised April 2022