

**Mesa Public Schools
FIELD TRIP FORM**

For School Personnel Giving Medication in Absence of the School Nurse

Student Name: _____ Date: _____

Student # _____ DOB: _____

School: _____

Certificated Personnel/Principal's Designee: _____

Medication Administration Procedure

Before administering any medication, double check and then record the following information below to ensure that the correct medication is given to the correct student as specified on the prescription.

Student name: _____

Medication name: _____

Dose given: _____ Time given: _____

Correct route (i.e. given orally, injected, inhaled, etc.): _____

A current prescription bottle with unaltered label and medication will be provided for field trips. Employee receiving prescription bottle will return bottle and all paperwork promptly after field trip.

Signature of employee receiving training

Date

Signature of nurse/principal designee giving training

Date

Beginning Count: _____

Ending Count: _____

Initials: _____

Initials: _____