

Field Trip Medication Training Request Form

School: _____ Grade(s) Attending Fieldtrip: _____

Date of Fieldtrip: _____ Hours (from time of departure to time of return to campus): _____

Brief Description of Trip: _____

Health Paraprofessional (s): _____

Student name & ID #:	Meds/ Treatments Needed on trip:	Person Responsible to carry/ give med on trip (full name) *specify if previously trained, self-carry, or parent chaperone*
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Please contact staff members **responsible** to administer medication on trip and list a minimum of 3 potential dates/times staff is available for training in health clinic with RN (training averages 30min).

Date/time #1: _____ Date/time #2: _____ Date/time #3: _____

*** If a student is attending with their parent/guardian, then the parent will take responsibility for medication or treatments for their child. Please reach out to parent to confirm they will bring their child’s medication and administer on field trip. No District medication training necessary. Specify parent chaperone above.**

***If a student self-carries their medication and does not need supervision, then no medication training is necessary. Specify student self-carries above.**

******If training for a diabetic student is needed then complete the Diabetic Field Trip Form. It is recommended for parents to attend trip for a diabetic student.******

**Email this completed request form to the Health Services Coordinator
a minimum of 10 days prior to scheduled field trip date**

(For Admin Use) Scheduled Date / Time for Training: _____