WEBER SCHOOL DISTRICT FIELD TRIP MEDICATION WORKSHEET

SCHOOL YEAR Field Trip Time				DATE				
Student Name	Teacher	Medication	Scheduled	As Needed	Dose	Frequency OR Scheduled Dose Time	Signature of Person Giving Dose	Time Given
			+					
Retur	en the worksheet	to the school nu	rse im	medi	ately unon	return from t	he trin	