

## FIELD TRIP MEDICATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher : \_\_\_\_\_

Medication : \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given : \_\_\_\_\_ Date: \_\_\_\_\_

Person Giving Medication: \_\_\_\_\_  
Signature

Date and Time Medication was given: \_\_\_\_\_  
Date Time

A copy of original medication is attached. Please return this paper after field trip. Be sure to document on the child's medication log upon return to child care facility.