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| A picture containing clipart  Description automatically generated | | | | Gray Collegiate Academy  Field Trip Medication Administration Form  (prescribed medications require a doctor’s order) | | | | |
| Name: | | | | | | Date of Birth: | | | |
| School: | | | | | | Grade: | | | |
| Medication: | | Dosage and Route: | | | | Date/Time/Initials of Person Transcribing the Order: | | | |
| Time: | | Allergies: | | | |
| **Controlled Medications:**  Starting Medication Count= \_\_\_\_\_ (controlled substances must be counted by two school employees. The person who will be responsible for the medication on the field trip and the person designated by the principal or school nurse)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initials of the person responsible for medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Over the counter medications will only be accepted in the original labeled container** | | | | | | | | | |
| Date | Medication | | Time Medication Given | | Amount Given | | Signature of Person Giving Medication | | |
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| **Controlled Mediations will be counted by two persons upon return to the health room:**   1. Starting Count: (if controlled) \_\_\_\_\_\_\_\_\_ 2. Number Given: \_\_\_\_\_\_\_ 3. Ending Count: \_\_\_\_\_\_\_ 4. Starting Count- Number Given = \_\_\_\_\_\_\_\_   *The total for #3 should equal #4. If there is a discrepancy, the reason for the discrepancy must be explained on the back of this form. The school principal and the school nurse must be notified.* | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initials of Nurse: \_\_\_\_\_\_\_\_\_\_  Initials of person responsible for the medication: \_\_\_\_\_\_\_\_\_\_\_ | | |
| Print Name: | | Signature: | | | | | | Initials: | |
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