STUDENT ACTIVITIES TRAVEL

FMG (EXHIBIT)

EXHIBIT I

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES: MEDICATION / SPECIAL PROCEDURE ADMINISTRATION RECORD

Student's name:	Grade:	Destination:		
School:	Teacher:	Trip/Ac	tivity date:	
	Copies in Trip Folder plan Clinic emergency of tures below acknowledge re ted above.	card Procedure p		
Signature of RN/NA releasing medi	ication	Date	Time	
Signature of trip leader accepting medication		Date	Time	
Signature of trip leader returning medication		Date	Time	
Signature of RN/NA noting return o	f medication	 Date	Time	
dures. Dosage instructions for a istration Card packaged with ea administered and procedure per	ch medication. Signatures a			
Medication:		Time to be give	en:	
Signature of person administering medication:		Date/Time:	Date/Time:	
Medication:		Time to be give	Time to be given:	
Signature of person administering medication:		Date/Time:	_ Date/Time:	
Medication:		Time to be give	Time to be given:	
Signature of person		Dete/Time:		
administering medication:		Date/Time:		

STUDENT ACTIVITIES TRAVEL

FMG (EXHIBIT)

Procedure:	_ Time:	Frequency:
Signature of person administering medication/procedure:		Date/Time:
Procedure:	_ Time:	Frequency:
Signature of person administering medication/procedure:		Date/Time:
Procedure:	_Time:	Frequency:
Signature of person administering medication/procedure:		Date/Time:
·		,
Medical alert notes/special instructions:		

Return to Campus Health Services staff