

## FIELD TRIP HEALTH FORM TO BE FILLED OUT BY TEACHER AND NURSE

**TEACHERS: when planning a field trip, please fill out the top portion of this form and place in the nurse's mailbox for review and completion**

Date: \_\_\_\_\_ Time out: \_\_\_\_\_ Time Back: \_\_\_\_\_ Meal Plan \_\_\_\_\_

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Destination \_\_\_\_\_ Lead Staff Member \_\_\_\_\_ First Aid Kit goes to \_\_\_\_\_

Classrooms Attending \_\_\_\_\_

Adults Attending (staff and parents) \_\_\_\_\_

**FOR SCHOOL NURSE: fill out and make a copy to give to staff attending trip**

Students with Epi Pens

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\_\_\_\_\_

\_\_\_\_\_

Students I will need to assess or pre-medicate

\_\_\_\_\_

\_\_\_\_\_

Students with other medical needs to address

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