

**FIELD TRIP MEDICATION TRAINING FORM**

1. According to Washington State Law and Issaquah School District Policy, medication may be administered by any employee designated by the principal and trained and supervised by a school nurse as to proper medication administration procedures.
2. Medication will be given only after it has been requested in writing by the child’s parent/guardian and licensed health care provider (Form 3416) and this is on file at school.
3. The field trip parent/guardian permission form needs to contain the following statement:  
The following regular/emergency medication \_\_\_\_\_ for the above named student needs to be taken at \_\_\_\_\_ (time).  
( ) The office has it on file.  
( ) I will provide it along with the required Administration of Medication Form.

**MEDICATION ADMINISTRATION ON FIELD TRIPS**

1. The teacher reviews the Parent/Guardian Permission Field Trip forms to determine if any student will need medication on the field trip.
2. If a parent indicates that their child will need medication and it is kept at school, the teacher will notify the office as soon as possible or at least one week prior to the field trip.
3. The medication **must be kept in the original pharmaceutical container**. The teacher will pick up the medication from the office/health room on the day of the fieldtrip.
4. All medications must be carried and administered ONLY by a trained district employee (fanny pack recommended). Students may self medicate only in certain circumstances. You will be told if this is indicated.
5. When giving the medication:
  - a. \_\_\_ Have the child identify him/herself by asking, “What is your name?”
  - b. \_\_\_ Make sure the child’s name matches the prescribed pharmaceutical container.
  - c. \_\_\_ Make sure the dose of the medication on the bottle matches the dose on the written form provided.
  - d. \_\_\_ Pour correct dose of medication into the child’s hand. DO NOT HANDLE the medication.
  - e. \_\_\_ Observe the child taking the medication.
  - f. \_\_\_ Sign your name, the date and the time the medication was given. The medication **must** be given within 30 minutes of the prescribed time. A label will be provided for your signature.
  - g. Return the medication to the office as soon as possible after returning to school.  
**Teachers are responsible for returning medication to office before next school day.**

I have read and understand the field trip medication procedures.

\_\_\_\_\_  
Signature of Employee      Date

\_\_\_\_\_  
Signature of Trainer      Date

**TEACHERS: PLEASE KEEP THIS COPY FOR YOUR INFORMATION**

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