

EAST STROUDSBURG AREA SCHOOL DISTRICT
 FIELD TRIP RECORD OF MEDICINE DISPENSED

Student Name: _____ Grade: _____

Medication: _____

Date	Time	Medicine and Dosage	Student Initials	Teacher Initials

A copy of this record will be kept on file in the student health record for a period of one year.

Student Signature: _____ Initials _____

Faculty/Staff Signature: _____ Initials _____

Faculty/Staff Signature: _____ Initials _____

Faculty/Staff Signature: _____ Initials _____

Faculty/Staff Signature: _____ Initials _____

Faculty/Staff Signature: _____ Initials _____

EAST STROUDSBURG AREA SCHOOL DISTRICT

FIELD TRIP SUMMARY REPORT

(To be completed after trip)

Summarize the reactions of students and the instructional benefits experienced: _____

Please describe any problems and/ or difficulties encountered during the trip and actions taken: _____

Staff Member Submitting: _____ Date: _____

Reviewed by:

Building Principal _____ Date: _____

Director of Athletics and Activities*: _____ Date: _____

*As is applicable

