EAST STROUDSBURG AREA SCHOOL DISTRICT FIELD TRIP RECORD OF MEDICINE DISPENSED

Student Name:			Grade: _	Grade:		
Medication: _						
Date	Time	Medicine and Dosag	e	Student Initials	Teacher Initials	
A copy of th	nis record will be ke	pt 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:					
	•				
· ·	ed during the trip and actions taken:				
Staff Member Submitting:	Date:				
Reviewed by:					
Building Principal	Date:				
Director of Athletics and Activities*:	Date:				

*As is applicable

EAST STROUDSBURG AREA SCHOOL DISTRICT

FIELD TRIP CHAPERONE LIST

Name of Activity:					
Date of Activity:					
Staff Member in Charge:					
School:					
Date Submitted:					
This completed form must be submitted to the building principal a	t least two (2) weeks prior to the date of the trip.				
Names and Phone Numbers of Chaperones on this Trip:					
CHAPERONE NAME	PHONE NUMBER				
DATE RECEIVED BY BUILDING PRINCIPAL					
SIGNATURE/APPROVAL—Building Principal	DATE				