

Student Name: _____

Medication Check-In Sheet *(Please bring this completed sheet to Trip Check-In)*

Trip Dates _____

(NOTE: Enter each medication on a separate line.) Use the Letter Symbol next to each to simplify record (Capital "I" is excluded)

symbol	Medication	Dosage	Time(s) to Be Given	Additional Information
A				
B				
C				
D				
E				
F				
G				
H				
J				
K				
Symbol (of afore listed med administered) <i>A and C</i> Day/time <i>Fri 6PM</i> initial <i>RDK</i>			Symbol _____ Day/time _____ initial _____	
Symbol _____ Day/time _____ initial _____			Symbol _____ Day/time _____ initial _____	
Symbol _____ Day/time _____ initial _____			Symbol _____ Day/time _____ initial _____	
Symbol _____ Day/time _____ initial _____			Symbol _____ Day/time _____ initial _____	
Symbol _____ Day/time _____ initial _____			Symbol _____ Day/time _____ initial _____	
Symbol _____ Day/time _____ initial _____			Symbol _____ Day/time _____ initial _____	
Symbol _____ Day/time _____ initial _____			Symbol _____ Day/time _____ initial _____	

Parent Signature _____

Names, Signature & initials of adults administering Meds: