

**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				
<b>Symbol</b> (of afore listed med administered) <i>A and C</i> <b>Day/time</b> <i>Fri 6PM</i> <b>initial</b> <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: