# FIELD TRIP CHECKLIST FOR SCHOOL NURSE

(To be completed by School Nurse and reviewed by the Principal prior to Field Trip Approval)

<table>
<thead>
<tr>
<th>School</th>
<th>Trip/Destination</th>
<th>Teacher/Field Trip Organizer</th>
<th>Date of Field Trip</th>
<th>Date Received</th>
<th>Date Returned</th>
</tr>
</thead>
</table>

Date received by School Nurse: 
Date returned to Principal/Teacher/Field Trip Organizer: 

☐ Health Record Review/Update from parent/guardian (Wellgent)

☐ Nursing care plans/emergency care plans/504 Plan provided to teacher/field trip coordinator as needed.

☐ Medication training completed by the employee designated to administer and maintain medications (including inhalers, Epi-pens, etc.).

☐ Training completed for any students needing procedures (e.g., catheterizations, tube feedings, etc.).

☐ Training completed for students with special medical conditions (e.g., diabetes, asthma, seizure disorders, severe allergies, cardiac condition, etc.).

☐ Lunch/snack arrangements have been made in consideration of students with food allergies.

☐ School nurse recommendations for additional supplies needed (e.g., first-aid kit, water, sunscreen, etc.).

☐ Recommendations made for communication (e.g., emergency cards, access to cell phones, walkie-talkies for staff during activity, etc.).

☐ Other medical or safety issues addressed (e.g. location of nearest emergency services including fire department, hospital, etc.).

Comments:

☐

School Nurse: 
Signature: 
Date: 

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December 14, 2015