## FIELD TRIP CHECKLIST FOR SCHOOL NURSE

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

School__________________________________________ Trip/Destination________________________________________

Teacher/Field Trip Organizer ______________________ Date of Field Trip ______________________

Date Received ______________________ Date Returned ______________________

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

☐ 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:

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School Nurse                                         Signature

Date

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