

Lebanon Community Schools

Code: **EEA-AR (E)**
Revised/Reviewed: 6/7/01; 5/6/10
Orig. Code(s): EEA-AR (E)

Curriculum/Co-Curriculum Trip Student Medical Information Sheet

Date of trip _____ Supervisor _____

Departure time _____ Return time _____

Group/School _____

Destination(s) _____

Contact made with school nurse _____

Designated health care provider assigned to trip _____

Student Medical Concerns:

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Medication Concerns:

Student name	Medication/Dose	Time administered

cc: School Office
Transportation Office
Nurse