

# Lebanon Community Schools

Code: IICA-AR (D)  
Revised/Reviewed: 6/7/01; 5/6/10, 6/2/11  
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