

Saginaw Township Community Schools

FIELD TRIP MEDICATION LOG

School: _____ Teacher(s): _____
Class/Grade: _____ Date: _____
Destination: _____
Staff member giving medication: _____
Witness: _____

Method Code: O - Oral, I - Injection, INH - Inhaler, T – Topical

Student's Name	Medication/ Dose	Time	Method	Signature/ Witness	Check Off