

**POMONA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES AND PROGRAMS
MEDICATION ADMINISTRATION DURING SCHOOL FIELD TRIP**

Name of Designee _____ Date of Instruction _____

School Nurse _____ Student(s) Name _____



Procedure

Completed

- A. Preparation by School Nurse/Health Assistant:
- 1. Verifies physician order, parent permission, and medication container _____
 - 2. Places medication in a properly labeled container/envelope with administration form _____
 - 3. Reviews medication administration with designee noting time to be administered _____
 - 4. Gives medication to teacher who is in charge _____
- B. Field trip designee:
- 1. Checks label for name of student, medication, time, dose and route _____
 - 2. Administers: _____
 - a. right medication to the
 - b. right student, at the
 - c. right time, giving the
 - d. right dose, using the
 - e. right route
 - 3. Notes time medication administered on card provided _____
 - 4. Returns card to school nurse or health assistant upon return to school _____