



## Field Trip Medication Sign Up

Please fill in the blanks below so that the clinic can prepare any medications or health concerns you may need for your students:

Date of field trip: \_\_\_\_\_

Departure time from school: \_\_\_\_\_

Arrival time back at school: \_\_\_\_\_

Indoor \_\_\_\_\_      Outdoor \_\_\_\_\_

Location of field trip \_\_\_\_\_

Teacher's names:

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Student's names:

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**FORM MUST BE RETURNED TO CINDY PENNINGTON  
AT LEAST 2 WEEKS PRIOR TO FIELD TRIP**