



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:

Student's names:

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