

**NORTH EAST INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES
TRAVEL MEDICATION RECORD**

STUDENT: _____ DATES: _____ * GROUP LEADER *: _____

* Only trained and authorized full-time NEISD certified teachers and parents who are RNs, MDs, or LVNs and who have received NEISD training are allowed to give medications.

MEDICATION	ROUTE	DOSE	TIME

COMMENTS: _____

MEDICATION					
Monday, Feb. 11: _____	A.M.				
	P.M.				
Tuesday, Feb. 12: _____	A.M.				
	P.M.				
Wednesday, Feb. 13: _____	A.M.				
	P.M.				
Thursday, Feb. 14 : _____	A.M.				
	P.M.				
Friday, Feb. 15: _____	A.M.				
	P.M.				
Saturday, Feb 16: _____	A.M.				
	P.M.				
Sunday, Feb. 17: _____	A.M.				
	P.M.				

ALL DOSES OF MEDICATION MUST BE RECORDED. NOTE THE TIME EACH DOSE OF MEDICATION IS GIVEN AND THE INITIALS/NAME OF THE PERSON ADMINISTERING THE MEDICATION.

STUDENT (if applicable):

SIGNATURE

INITIALS

TRAINED AND AUTHORIZED DISTRICT STAFF:

SIGNATURE

INITIALS

SIGNATURE

INITIALS

TRAINED AND AUTHORIZED PARENT VOLUNTEERS:

SIGNATURE

INITIALS

SIGNATURE

INITIALS

MEDICATION COUNT

Date Received	Number Received	Date Returned	Number Returned	Parent/Guardian Signature	Authorized Staff Signature

MEDICATION WASTED

Date	Number	Staff/Parent Volunteer Signature	Reason	Parent Notified