



## School District of Holmen Off-Site Student Trips 'Medical Needs Checklist'

Grade/Organization: \_\_\_\_\_ Destination: \_\_\_\_\_

Staff in charge of medication: \_\_\_\_\_

Departure date & time: \_\_\_\_\_ Return date & time: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_ Date/time staff will pick up supplies: \_\_\_\_\_

The staff in charge of medication should complete this form and give it to the school nurse at least **one week** prior to the field trip (**HS -- two weeks**). For overnight trips, please involve the nurse in the planning (additional requirements apply). This form will be forwarded to the administration for final approval and then sent back to the health office where it will be kept until after the field trip.

### By signing below I understand that:

- I need to attach a list of students when a defined group is going (ex. club). A list **is not** needed if the entire grade or an entire class is participating and the list is available on IC (check with health office).
- I may be required to complete additional DPI medication training based on student needs.
- I may allow other staff who have been trained in dispensing medication assist with medication administration.
- I may not allow volunteers, parents (other than for their own child), chaperones, substitute teachers, etc., to dispense medication.
- I need to store medication and Health Information in a secure location at all times

### By signing below I verify DPI Medication training/Skill Check-Off completion and agree to:

- Give the medications, as prescribed, on this field trip/excursion.
- Protect student privacy and confidentiality. Health information shared by Health Office staff is strictly on a *need-to-know* basis and must be protected. This information may not be shared with volunteers, chaperones, substitute teacher, etc.
- Return all of the above to the Health Office upon return to the school.
- Notify the school nurse of any medication given or student health problems occurring on the field trip.
- Pick up necessary medication, first aid supplies, and copies of medical logs/IHPs from the Health Office on date given above.

### NON-ORAL MEDICATION ADMINISTRATION VARIATION:

I, the above named staff in charge, have taken the DPI training course for non-oral medication and have passed the check-off, **but I am not comfortable** giving the following **non-oral medication**. I have found a person who is properly trained and willing to give the medication **IF** the medication is required on the fieldtrip.

MEDICATION: \_\_\_\_\_ ALTERNATE STAFF: \_\_\_\_\_

Teacher/Advisor's Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date approved: \_\_\_\_\_

**(Administrator, please return signed form to Health Office)**

*WI Act 160 took effect on March 1, 2011. This law seeks to facilitate and improve the safety of medication administration to students in Wisconsin schools. By providing education, training and skill check-off of school employees who administer medication to students, the District will promote a safe and healthy learning environment.*