

Pike Road School District

Lead Learner to Nurse Field Trip Permission Request

Date of request _____ Date request received by nurse _____

Community _____ requests to have a field trip on _____ to

Classrooms/LLs in attendance will be:

If an entire class or community is not attending and individual students will be attending, please attach a list of students/potential students participating.

Participating LLs have verified the health needs, and reviewed the IHPs of all participating learners, and the following students will need nurse attention on the trip:

(Please indicate student by initials and lead learner only for FERPA protection)

Times of field trip: Departure _____ Return _____

Number of busses ____ I understand that all high acuity students must ride on the same bus as the nurse, and will ensure the bus does not depart without the nurse.

LL volunteer unlicensed medication assistant (UMA) for trip if needed for medication administration will be: _____

I understand that if the times or dates are to change I will need to submit a new permission request, and my original request is void.

Field Trip Coordinator

Date

This form is to be submitted to your school's clinic nurse for date stamp, and review. After review at the local level it will be forwarded to the Nursing Supervisor for scheduling and final approval. After this form has been returned to you, with approval of sub nurse or an attached medication list for the UMA, then you may request the field trip from your local administration and bookkeeper.

Nurse Office Use Only

Health Conditions checked on all learners attending _____

Medications checked for all learners attending _____

Medication list attached for UMA _____

Sub Nurse Needed _____ For _____

No medications required in the following classrooms _____

Medication needs in the following classrooms _____

Date sub requested _____ Date sub accepted _____

UMA has completed training and has been signed off _____

Field Trip Approved _____