

Field Trip Accommodation Plan Students with Medical Needs

Name: _____ Grade: _____ School: _____

Field Trip Destination: _____ Date: _____

1. Identify the nature of concerns for the student.

2. Describe the accommodations that are planned for the student.

3. Describe special equipment and medication needed:

4. Name of chaperone: _____

5. Check off list for field trip:

YES	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Receiving nurse conference completed
<input type="checkbox"/>	<input type="checkbox"/>	Information faxed to receiving nurse
<input type="checkbox"/>	<input type="checkbox"/>	Student information prepared for trip
<input type="checkbox"/>	<input type="checkbox"/>	<i>E 6153.1(a) Field Trip Consent Form</i> signed by parent/guardian
<input type="checkbox"/>	<input type="checkbox"/>	<i>E 5125(c) Request for Release of Health Information</i> signed by parent guardian
<input type="checkbox"/>	<input type="checkbox"/>	Cellular phone available for use

School Nurse: _____

Teacher: _____

Others: _____

cc: Parents
School File
District Office/Asst. Supt.-Instruction