		Fi	ield Trip Da	te:				
Student I	Name:		·		DOB:		Gr	ade:
*Only tra form. I m documer	ined staf aintained nted med	f may admi d the medic lication adn	inister insuli cation in a s ninistration	in. If adm ecure are on this fo	inistering medicatior a at all times during rm and will return it t	the to the	u mu field e sch	st sign the trip. I ool office
	ed staff.				ents to the school of thin the time perimet			
Trained Staff Name:			Signature:				Initials	
	1	Γ	Γ	1		1		<u> </u>
Date	Time	Blood Glucose	Grams of carbs ate	Insulin Given	High or Low Interventions	Ini	tials	Witness Initials