



Field Trip Straight Catheterization Form

Student Name: _____ Date of Birth: _____
 School Building: _____ Grade: _____ Field Trip Date: _____
 Parent/Guardian Name: _____ Phone: _____
 Name(s) of staff performing catheterization: _____

Straight Cath Type: _____

Required time for procedure: _____

Procedure can be completed 30 minutes before or 30 minutes after the scheduled time.

Procedure (to be filled out when completed):

Date: _____ Time procedure was conducted: _____ AM or PM

Amount of urine removed: _____ Color: _____

Procedure completed without incident? Yes No

If no, please indicate concern: _____

I maintained the medical equipment in a secure area during the field trip. I documented the procedure on this form and will return it to the school office upon returning to the school. I reported any incidents to the school office/nurse or designated staff. I performed the procedure within the time perimeters allowable by Michigan Law.

Signature: _____ Date: _____

Signature: _____ Date: _____

The following item must accompany this form:

- Medical Care Plan signed by both the parent and physician
- Supplies needed to successfully complete catheterization

Person preparing form for trip: _____

Date: _____