

NAME _____ SCHOOL _____

Outdoor Education Medication Form

(Complete only if your child will take medication with him/her to Mission Springs)

If your child is to take medication while at Mission Springs:

I. Education Code 49423 requires:

- A. Signed order from your physician, and parent consent. *(Use forms below)*
- B. Signed parent's permission for teacher, adult chaperone, Mission Springs medic or director to assist in carrying out the physician's instructions.
- C. Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug. Ask the pharmacist for two bottles of medication: one for home and the other for Mission Springs.

II. Education Code 49480 gives the school medic *(with parent consent)* permission to communicate with the physician and counsel with the Mission Springs personnel regarding possible effects of the medication.

III. Please sign below. Your signature indicates your consent as required in the above Education Code Sections 49423 and 49480.



To Be Completed By Physician:

Date: _____ School: _____

Address: _____

To Attending Physician: _____ has medication to be taken at Mission Springs Outdoor Education.

MEDICATION: _____ DOSAGE: _____

FREQUENCY: _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS: _____



Physician's Signature _____ Address _____ Phone _____



To Be Completed by Parent:

_____ has my permission to take the above medication to Mission Springs and for the adult chaperones (over 21), the teachers, or Mission Springs staff to assist and/or allow him/her to take the above medication as indicated for:

(Reason for medication)

Signature of Parent or Guardian: X _____

Date: _____