

# PHYSICIAN'S ORDER FOR MEDICATION AT CALVIN CREST OUTDOOR SCHOOL

Calvin Crest Outdoor School 45800 Calvin Crest Road Oakhurst, CA 93644(559) 683-4450 ext. 221 [outdoored@calvincrest.com](mailto:outdoored@calvincrest.com)

**STUDENT'S NAME:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

Dear Parents and Guardians:

Education Code Section 49423 defines certain requirements for administration of medication, "...any pupil who is required to take, during the regular school day, medication prescribed by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement."

## A. PHYSICIAN'S ORDER

**Diagnosis or Reason(s) for Medication:** \_\_\_\_\_

Standard times for medicines are at meals and bedtime. (8:20am, 12:20pm, 6:30pm, 9:00pm.)

Please note if student needs medication at a different time or if it is an as-needed medication.

Medication	Dose	Route	Time(s)

\*\*\*If other medications are required please check box , and provide details on back of paper, or additional page.

**Possible reactions or other serious considerations regarding medication(s):** \_\_\_\_\_

For ASTHMA INHALERS ONLY: Child may carry inhaler and self medicate:  Yes  No

**B. PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Phone

## C. PARENT'S REQUEST AND AUTHORIZATION

I request that this/these medications be given at Calvin Crest Outdoor School as prescribed. I authorize the designated Outdoor School personnel to administer the medication. I release Calvin Crest personnel from any liability in administering this medication as prescribed. I give Calvin Crest Outdoor School authority to communicate and exchange medical information related in this medication order with the ordering physician.

I understand that Calvin Crest Outdoor School must receive the medication in a container with a pharmacy label that indicates the child's name, medication, dosage, route, time to administer, and the prescribing doctor's name; or if an over-the-counter medication was ordered, the medication must be in the original container/packaging.

**I understand that medications cannot be taken at Calvin Crest Outdoor School unless the school has received each of the following: a) current physician's order, b) parent/guardian signature, c) properly labeled medication.**

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_