

PHYSICIAN'S ORDER FOR MEDICATION AT CALVIN CREST OUTDOOR SCHOOL

Calvin Crest Outdoor School 45800 Calvin Crest Road Oakhurst, CA 93644 (559) 683-4450 outdoor.school@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

For EPINEPHRINE AUTO - INJECTORS ONLY: Child may carry epinephrine auto-injector 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.

Signature of Parent/Guardian: _____ Date: _____