

PHYSICIAN'S ORDER FOR MEDICATION AT CALVIN CREST OUTDOOR SCHOOL

Calvin Crest Outdoor School 45800 Calvin Crest Road Oakhurst, CA 93644 (559) 772-4040 outdoor.school@calvincrest.com

STUDENT'S NAME: _____ **SCHOOL NAME:** _____

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 for him or her by a physician and surgeon or ordered for him or her by a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b). (b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon or physician assistant."

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

Calvin Crest Staff are not able to administer injected medications: students with injected medications will need to be accompanied by a parent or designated medical professional.

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 emergency rescue inhaler (such as albuterol) and self-medicate: Yes No

For EPINEPHRINE AUTO - INJECTORS ONLY: Child may carry epinephrine auto-injector and self-medicate: Yes No

Please contact the Outdoor School Director (outdoor.school@calvincrest.com; 559.772.4040) with questions or concerns.

B. REQUIRED: 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.**

Required: Signature of Parent/Guardian: _____ Date: _____