



REQUEST FOR ADMINISTRATION OF MEDICATION
AT
SAN JOAQUIN OUTDOOR SCHOOL

Student: _____ Birth date: ____/____/____ Male ____ Female ____

School: _____ Teacher: _____ Grade: _____

PARENTAL CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL
TO BE COMPLETED BY PARENT OR GUARDIAN

Parent(s)/guardian(s) of _____, request that medicine be administered by the school nurse or other designated school personnel. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its **current** pharmacy-labeled container.

Parent/Guardian Signature: _____ Date: _____

Contact phone (home/cell/work): _____ Address: _____

TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER

<u>Medication 1</u>	<u>Medication 2</u>
Health condition: _____	Health condition: _____
Medication name: _____	Medication name: _____
Dose (# mg, ml, puffs, etc.): _____	Dose (# mg, ml, puffs, etc.): _____
Method of Administration: _____	Method of Administration: _____
Duration(s): _____	Duration(s): _____
PRN (prescribed as needed): symptoms _____ _____	PRN (prescribed as needed): symptoms _____ _____
Frequency _____ ____ For episodic/emergency events only	Frequency _____ ____ For episodic/emergency events only
Special instructions: _____ _____	Special instructions: _____ _____
Restrictions and/or possible side effects ____ none anticipated ____ yes – please describe: _____ _____	Restrictions and/or possible side effects ____ none anticipated ____ yes – please describe: _____ _____
Special storage requirements: ____ refrigerate ____ none	Special storage requirements: ____ refrigerate ____ none
Restrictions and/or important side effects ____ none anticipated ____ yes-please describe: _____	Restrictions and/or important side effects ____ none anticipated ____ yes-please describe: _____

Physician's signature: _____ Date: _____

Phone # () _____ Address: _____

I, _____, certify that the forgoing is true and correct.
Physician's Name (print)



NOTICE TO PARENT(S)/GUARDIAN(S): If you want your child to take **ANY KIND** of medicine (including over the counter non-prescription drugs like Tylenol, Benadryl, vitamins, Tums, or cough drops) complete these steps:

STEP 1: Take this form to your Health Care Provider

(If your student needs to self-administer an asthma inhaler or EpiPen, fill out the "O.E. 8.9F" form).

STEP 2: Your Health Care Provider must complete form(s) **CORRECTLY**. If the form(s) are incomplete or incorrect, your child will **NOT BE ALLOWED** to attend San Joaquin Outdoor Education.

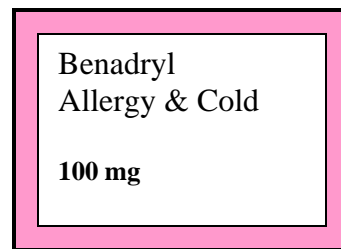
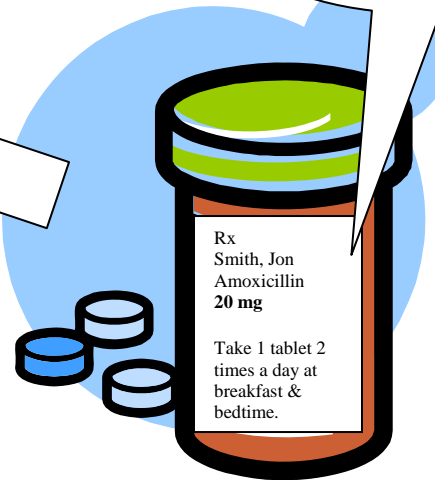
STEP 3: Check the label on the medicine and the form the Health Care Provider fills in. The name of the medicine, strength of the medicine, dosage, schedule, and child's name all must match what is written on the forms. **The Health Care Provider must sign all forms.**

STEP 4: **The parent must sign all forms** and give them to the child's teacher with his/her medicine in a Ziploc bag labeled with the child's name.

PLEASE ONLY SEND MEDICINE THAT YOUR CHILD ABSOLUTELY NEEDS.

Example:

Medication 1
Health condition: <u>Ear infection</u>
Medication name: <u>Amoxicillin</u>
Dose (# mg, ml, of puffs, etc.): <u>1 Tab 2 times a day</u>
Duration (s) of Administration: <u>8:00 A.M. / 6:00 P.M.</u>
Medication 2
Health condition: <u>Seasonal allergies</u>
Medication name: <u>Benadryl Allergy & Cold</u>
Dose (# mg, ml, of puffs, etc.): <u>1 tablet</u>
Duration (s) of Administration: <u>8:00 A.M. / 6:00 P.M.</u>
Doctor's signature: <u>Tom Jones</u>
Parent's signature: <u>Alice Smith</u>



Attention: SCHOOL NURSE: Please make sure a copy of the student's "School Inhaler/EpiPen Procedures" from his/her school file is attached to this form and that they have a photo attached to each medication(s). Thank you!

Reviewed by School Nurse: _____ Date: _____



Student's photo attached to his/her medication(s)



"School Inhaler Procedures" form attached