



21925 Lyons-Bald Mtn. Rd
Sonora, CA 95370
(209) 532-6673

REQUEST FOR ADMINISTRATION OF MEDICATION AT Foothill Horizons SUMMER CAMP

Foothill Horizons' FAX: (209) 532-0019; TEL: (209) 532-6673

Camper: _____ Birth Date: _____ Male ___ Female ___

Week(s) attending in 2016 (circle) 1 2 3 4 5 6 7

Parents: please see instructions on opposite side. Make copies if more than one medicine is required.

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Medication name: _____	Strength (mg, ml, mcg): _____
Dose (# of tabs, puffs, etc.): _____	Method of Administration: _____
Time of Administration (circle if appropriate): 8:20 am noon 6:20 pm 9 pm Other: _____	
<input type="checkbox"/> PRN (prescribed as needed): symptoms _____	
Reason for Medication: _____	Special storage requirements: __refrigerate __none
Restrictions and/or important side effects: __none anticipated __yes—please describe: _____	
REQUEST FOR SELF-ADMINISTRATION OF INHALERS AND EPI-PENS (Only for auto-injectable epinephrine or inhaled asthma medication)	
This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication. __ Yes—unsupervised __ Yes—supervised __ No	
This student may carry medication: __ Yes __ No Please indicate additional information: _____	

Health Care Provider's Name: _____

Health Care Provider's Signature: _____ Date: _____

Address: _____ Phone # () _____

TO BE COMPLETED BY PARENT OR GUARDIAN

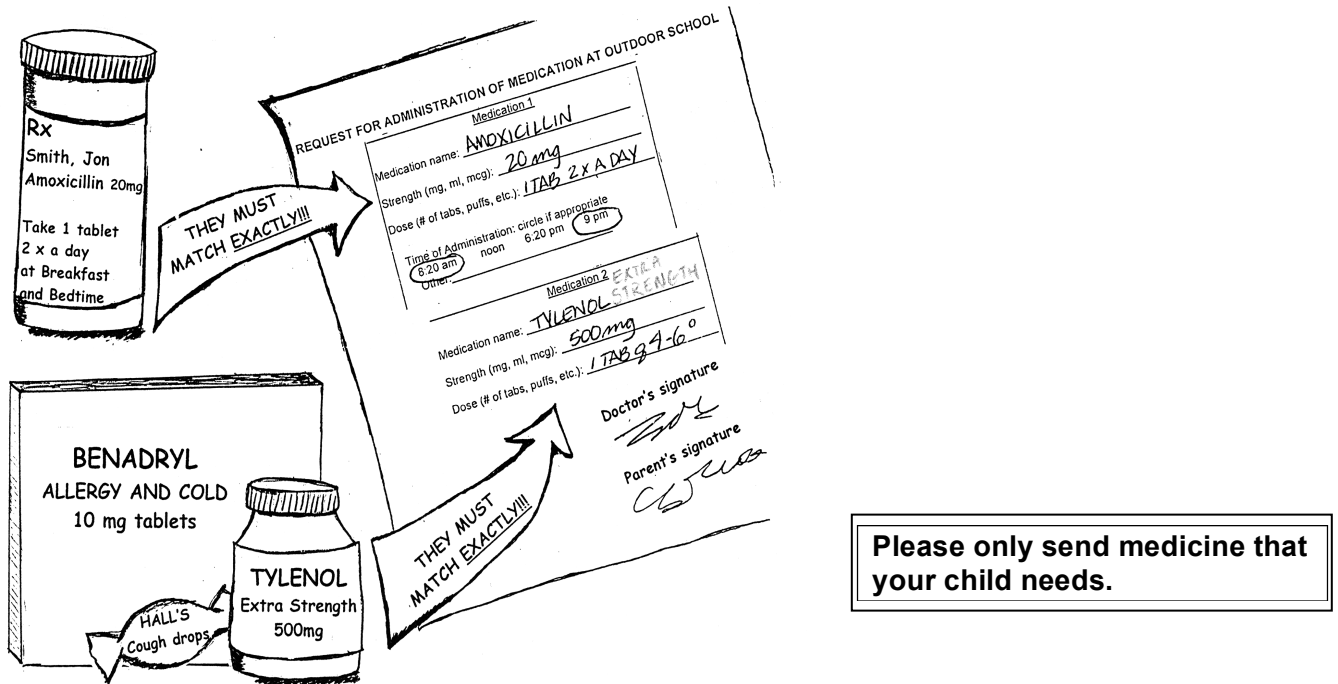
PARENTAL CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL
Parent(s)/guardian(s) of _____, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from 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 pharmacy-labeled container.

Parent/Guardian Signature: _____ Date: _____ Phone #: () _____

PARENT/GUARDIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION
I hereby consent for my child, _____, to self-administer the following medication while attending Outdoor Education at Foothill Horizons. I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue Stanislaus County Office of Education, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.
Please initial by appropriate medication: _____ Inhaled asthma medication _____ Auto-injectable epinephrine
Parent/Guardian Signature: _____ Date: _____ Phone #: () _____

PARENTS: If you want your child to take ANY KIND of medicine (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops etc.) follow the steps below. If medication forms are not filled out completely and correctly, your child **will NOT be allowed to attend** Foothill Horizons.

1. Have your child's Health Care Provider (H.C.P) fill out the appropriate form(s). The label on the medicine and what the H.C.P writes on the form must match exactly. If a dosage or scheduled time has changed since the medication was first prescribed, the doctor should call in a new prescription and the pharmacist should print out a new medication label with the current and accurate information to match the H.C.P's prescription. **The Health Care Provider must fill the form out completely and must sign all forms including those for over the counter drugs.**
2. **All medication forms must have a parent/guardian's AND a H.C.P. signature.** Please check for **BOTH** signatures.
3. Put all your child's medications in one Ziploc bag. Write your child's name on any medication that does not have a label on it such as over-the-counter drugs. Write your child's name on the bag. Please have your child take his/her medications to the Health Office on Monday morning.
4. If your child must take any medication while at Foothill Horizons, please talk with him/her and emphasize that it is his/her responsibility to come to the Camp Health Office to take his/her medication. All medications, excluding those that need to be carried by a camper, will be kept in a locked cabinet in the Health Office. One of our staff will assist in administering your child's medications.



California Code of Regulations, Title 5. Education Article 4.1. :Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day

§600. Authorization

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

- (a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.
- (b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

CEC. 49423. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, 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 detailing the name of the medication, method, amount, and time schedules by which the medication, method 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.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

Section 49423.1 is added to the Education Code, to read:

CEC. 49423.1. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified 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 from the physician and surgeon 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 requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.