

MOUNT HERMON OUTDOOR SCIENCE SCHOOL PRESCRIPTION MEDICATION FORM

All medications and a copy of this form should be placed in a zip-lock storage bag, labeled legibly with the student's first and last name, and given to the classroom teacher on Monday prior to boarding the bus for Outdoor Science School. Teachers are responsible for bringing any and all student medications to the nurse. **NO** medications should arrive at science school in student luggage.

** To be filled out if and only if a student or cabin leader under the age of 18 is bringing prescription medication to science school.*

EDUCATION CODE 49423 REQUIRES:

- Signed order from your physician, and parent consent. (Use form below.)
- Signed parent's permission for camp medic or director to assist in carrying out the physician's instructions
- Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug. (Ask the pharmacist for two bottles of medication: one for home and the other for Science School.) All OTC (Over The Counter) medication sent to Science School must be labeled with the child's name, the medication name and dosage, as well as times to be given.

NO UNLABELED MEDICATION CAN BE ADMINISTERED.

EDUCATION CODE 49480

Gives the school medic with parent consent, permission to communicate with the physician and counsel with the Science School personnel regarding possible effects of medication.

PLEASE SIGN BELOW

Your signature indicates your consent as required in the above Education Code Sections 49423 and 49480.

Parent/ Guardian Signature _____

TO BE COMPLETED BY PHYSICIAN

Date _____

_____ has medication to be taken at the Outdoor Science School.

MEDICATION _____ DOSAGE _____

FREQUENCY _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS

Physician Signature _____ Address _____ Phone _____

TO BE COMPLETED BY PARENT/ GUARDIAN

_____ has my permission to take the above medication to Outdoor Science School and for the Nurse or Director to assist and/or allow him/her to take the above medication as indicated for:

Parent/Guardian Signature _____ Date _____