C.O.D.E.S.
MILE HIGH PINES

This form is to be completed by **ALL** individuals under 18 years of age who are bringing medications to camp.

Please put Medication and this Form in a Clear Ziploc Bag and give it to your Teacher or School Health Clerk.

STUDENT INFORMATION	DOCTOR'S SECTION (Dr. Signature is ONLY required IF Prescription Label does not match parent instructions here.)
Students Name:	Doctor's Name:
School Name:	Doctor's Phone:
Date of Camp:	Doctor's Stamp or Address:
Parent/Guardian Name:	
Relationship to Student:	
Phone Number	

If your child is to take medication while at outdoor school:

I.   Education Code 49423 requires:

A. Signed order from your physician (The prescription on a bottle is sufficient unless: 1. It's in a language other than English, 2. The prescription does not match the dosage parent's would like administered. 3. The medication is not intended for the use prescribed or age of your student.), and parent consent. No doctors note is needed if the medication is over-the-counter AND intended for children.

B. Signing this form gives permission for camp medical monitor, director, responding staff or your child's teacher to assist in carrying out the instructions or providing medical care.

MEDICATION INFORMATION WE REQUEST THAT ONLY ESSENTIAL MEDICINE BE SENT TO CAMP (Please do not send vitamins, essential oils, or Tylenol.

Medication	Dosage	SCHEDULE Indicate when to give medication				Reason for Medication	CHOOSE ONE FOR EACH MEDICATION		
		Before Breakfast	Before Lunch	Before Dinner	As Needed		*Over the Counter Medication* Must be approved for child's age	OR	*RX Prescription Medication* Dr. Signature is required if it does not meet standard I.A above.
All medication, including over the counter medications and vitamins, must be in the original package/box/bottle and NOT EXPIRED.	Amount to Administer Oral, topical, eye, ear, injection? Note: Medic staff will supervise but cannot administer injections.					Give us any needed background on the medication			
EXAMPLE: Amoxicillin 500mg	1 pill 3X a day (oral)	X	X	X		Antibiotic, after dental surgery. He may complain of pain, please give pain reliever as needed.		OR	
								OR	
								OR	
								OR	
								OR	

C. Medication in a bottle from a pharmacy labeled with the child's name, dosage, and generic name of the drug. All over the counter medication sent to outdoor 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. Loose medication (without packaging) will not be administered.

II.   Education Code 49480 gives the camp and school medic with parent consent, permission to communicate with the physician and counsel with the science school personnel regarding possible effects of medication.

III.   Please sign below. Your signature indicates your consent as required in the above Education Code Sections 499423 and 49480

My child has my permission to take the medications to camp (indicated below) and for the camp first aid personnel, director or teacher to assist and/or allow my child to take the medication as indicated for:

The camp first aid personnel/director/or teacher may give pain relievers to your child for minor illness complaints only with your signed consent. They may apply calamine lotion, or equivalent, for plant-related rash reactions. In cases where accident or illness complaints indicate, medical care will be obtained from a qualified medical personnel.

Some children may have prescribed medication to take while in residence at the camp. State laws E.C. 49423 and 49480 are quite specific in stating that the school personnel must be given instruction as to method, amount, frequency, and condition for which it is indicated. Medication must be given to the teacher the day the student goes to camp. This form must be turned in with medication.

I give the permission for the school teacher/camp director/first aid personnel to give my child the following in the case of illness.

_____   _____

                Parent/Guardian Signature   Date