

Instructions for Completing Medication Authorization Form

All prescription and over-the counter medications are kept locked in the health center and will be administered only as authorized by the parent and child's Recognized Medical Authority*.

Important: We cannot administer any medication you send for your child without this signed form.

Steps to complete the Medication Authorization Form:

1. Medication **must** be prescribed by a Recognized Medical Authority*. International medications, including those from Mexico or authorizations from Mexican physicians are not allowed by law.
2. Prescription medication must be provided in the original container labeled by a **California pharmacist**; non-prescription medication must be provided in the original container.
3. All medication, both prescription and non-prescription, requires a signature, medical license number, and complete, legible instructions from a Recognized Medical Authority*. Homeopathics, herbals, vitamins, and supplements all **require** a completed and signed medical authorization form.
4. Verify that all medications are properly labeled:
 - a. Medications are in their **original containers**
 - b. Prescription medications are properly labeled by the California pharmacy, including:
 - 1) Student's name (*prescription must be for the student only, no other name will be accepted*)
 - 2) Medication name
 - 3) Precise dosage instructions, quantity, and frequency
 - 4) Prescribing authority's* name
 - 5) School initials. *Example: "Twin Peaks" is TP*
 - c. Non-prescription medications are properly labeled, including:
 - 1) Manufacturer's label with the medication name, dosage, and instructions
 - 2) Child's name (first, last, and initial) and the school's initials. *Example: Amanda C. Garcia (TP)*
 - d. Spanish labels must be translated to English on the Authorization Form
 - e. Medications may not be expired.
5. Fold this form and place it in a zip-lock baggie with all the medications (both prescription and non-prescription in original containers) and forward the bag to your child's school 3 weeks before your child visits camp.
 - a. Label the baggie with your child's full name and school initials (use masking tape).
 - b. **DO NOT** send any medication to the site in your child's suitcase.

Thank you for your cooperation and your time in completing this form. This is important information that will help make your child's experience safe and enjoyable!

If you have any questions regarding your child's medication or these instructions, please contact your school or the nurse at Cuyamaca Outdoor School: (760) 765-4110 or FAX: (760) 765-3001.

* *Physician, Physician Assistant, or Nurse Practitioner licensed to practice in the State of California*

Medication Authorization Form
To be Completed by a Recognized Medical Authority*

Please Complete Fully and Carefully

School: _____

Child's Name: _____
 (Last) (First) Gender (M/F)

Medications				
Name of Medication:	Purpose of Medication	Dosage Prescribed	Dosage Schedule (routine/as-needed)	Dosage Form (tablet, liquid, etc.)

Note: Please cross out any unused lines on the table above. Use an additional form if more rows are needed.

Precautions, special instructions, possible adverse effect(s), or comments: _____

I certify that the above-named child is under my care:

Dr. _____
 Print Name: (Last, First)

Office: _____

Address: _____

Signature of Recognized Medical Authority*:

⌚ _____

Phone#: _____

CA License #: _____

Fax#: _____

We hereby authorize the school to administer the above listed medications in accordance with the instructions noted.

⌚ **Parent's Signature:** _____ **Date:** _____

** Physician, Physician Assistant, or Nurse Practitioner licensed to practice in the State of California*