



HOW TO USE THIS FORM

As a school site in the state of California, Foothill Horizons must follow the regulations listed below - even for Summer Camp.:

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. CEC Pursuant to Section 49423 49423.1. Section 49423.6. (b)

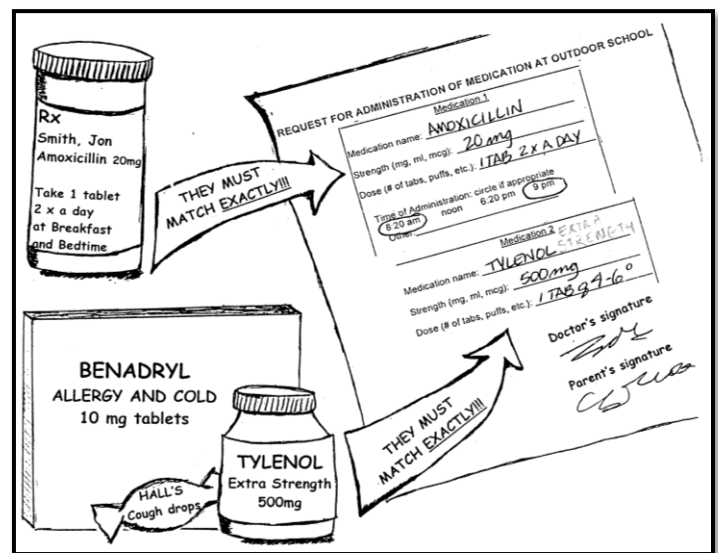
NOTE TO PARENTS:

- Follow the steps below if you want your child to take ANY KIND of medication (**including over the counter drugs** like Tylenol, Benadryl, vitamins, Tums, cough drops, etc.).
- Your child **will NOT be able to receive** their medication if medication forms are not filled out completely and correctly.

INSTRUCTIONS:

How to fill out the form

- Ask your child's Health Care Provider (HCP) fill out the **other side of this form**.
 - The label on the medicine and what the HCP 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 HCP's prescription.
 - The HCP must fill the form out completely then sign all forms including those for over-the-counter drugs.**
- Check the form to make sure the dose and time matches how you administer the medication at home.
 - If there are any discrepancies, please ask to your child's HCP to correct the form.
 - All medication forms must have a parent/guardian's signature.
 - Make sure you have signed the paperwork.



How to get the medications ready

- Only send only medications your child needs!**
- Write your child's name on any medication that does not have a label on it (i.e., over-the-counter medications).
- Check that the medication is NOT EXPIRED .
- Put all your child's medications in one Ziploc bag.
- Write your child's name on the Ziploc bag.
- Give the labeled bag with ALL the medications to the Foothill Bus Drivers or Staff
Medications are NOT allowed in your child's luggage.



Request for Administration of Medication at Summer Camp

Foothill Horizons' FAX: (209) 532-0019; TEL: (209) 532-6673; foothillhorizons@stancoe.org



CAMPER INFORMATION:

Name: _____ Date of Birth: _____

Summer Camp Week (check all that apply): 1 2 3 4 5 6 7 Summer of 20: _____

MUST BE SIGNED BY AN AUTHORIZED HEALTH CARE PROVIDER

MEDICATION INFORMATION: *Contact Foothill Horizons to make special arrangements if this student needs assistance with injections, intravenous medications, OR takes medications at time other than those that are listed below.**

Medication 1: _____ Strength (mg, ml): _____ Dose: _____
 Refrigerate: Yes No Reason/Diagnosis: _____ Method/Route: Oral Other: _____
 Admin. Time(s): 7:00AM Bkfst Noon 1:30PM 4:00PM Dinner Bedtime Other* _____
 PRN (list all symptoms PRN meds can be taken for: _____)

Medication 2: _____ Strength (mg, ml): _____ Dose: _____
 Refrigerate: Yes No Reason/Diagnosis: _____ Method/Route: Oral Other: _____
 Admin. Time(s): 7:00AM Bkfst Noon 1:30PM 4:00PM Dinner Bedtime Other* _____
 PRN (list all symptoms PRN meds can be taken for: _____)

Medication 3: _____ Strength (mg, ml): _____ Dose: _____
 Refrigerate: Yes No Reason/Diagnosis: _____ Method/Route: Oral Other: _____
 Admin. Time(s): 7:00AM Bkfst Noon 1:30PM 4:00PM Dinner Bedtime Other* _____
 PRN (list all symptoms PRN meds can be taken for: _____)

REQUEST FOR SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS

This student is both capable and responsible for self-administering auto-injectable epinephrine and/or inhaled asthma medication:

Yes, unsupervised Yes, supervised No – Please explain why: _____

This student may carry their emergency medication: Yes No – Please explain why: _____

Doctor's Signature: _____ Email: _____
 Doctor's Name: _____ Phone: _____ Fax: _____

MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

SECTION A: SIGN HERE FOR NON-EMERGENCY MEDICATIONS (MOST MEDICATIONS)

SECTION A: Parent / Legal Guardian consent for medication to be administered by school personnel

I, the parent(s)/ legal 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 or original container.

Signature: _____ Date: _____ Phone: _____

SECTION B: SIGN HERE IF YOUR CHILD MAY CARRY HIS/HER OWN RESCUE INHALER, EPI PEN, OR GLUCAGON KIT

SECTION B: Parent / Legal Guardian consent for self-administered of medication

I hereby consent for my child _____, to self-administer his/her
 ASTHMA INHALER EPI-PEN GLUCAGON
 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.

Signature: _____ Date: _____ Phone: _____