Instructions for Completing Medication Authorization Form

Any child who takes medication, vitamins, and/or supplements must have a completed Medication Authorization Form signed by an authorized licensed California health care provider (CA licensed physician, surgeon, nurse practitioner, nurse midwife, dentist, optometrist, podiatrist, physician assistant – CA Code of Regulations, Title S, Section 601[a]). International medications, including those from Mexico, or authorizations from Mexican physicians are not allowed by law.

If your child takes any of the following, a completed and signed Medication Authorization Form is required, otherwise it cannot legally be administered by Cuyamaca Outdoor School staff:

- **Routine prescription medication** including pills, liquids, inhalants, and injections
- **Emergency prescription medications** (e.g., inhaler, epinephrine auto-injector, Valtoco, Baqsimi, etc.)
- **Vitamins**
- **Supplements, including melatonin, fiber, herbal, homeopathic, etc.**
- **Routine non-prescription/over-the-counter medications** *not listed on the back of the Student Registration and Health Form*

All prescription medications must:

- Be sent in the *original container labeled by a California pharmacist* and may not be expired
- Be labeled with the child's full name (cannot be another family member's medication)
- List the exact dosage, form (pill, liquid, etc.), time (when it should be given), route (how it is taken), and reason (what is the medication for)
- List the prescribing authorized licensed California health care provider

All non-prescription medications, vitamins, and supplements must:

- Be sent in the original, store-bought container that lists the name, dosage, and instructions
- Be labeled with the child's full name and school (write on the container or use tape or a label)

We cannot accept or administer anything sent in a plastic baggie, pill box, pill reminder container, unlabeled container, etc. DO NOT send any medications, vitamins, or supplements in your child's luggage.

STEPS TO COMPLETE THE MEDICATION AUTHORIZATION FORM:

1. Fill in the top of the form with:
    a. Child's school
    b. Dates of attendance at Cuyamaca Outdoor School
    c. Child's last name
    d. Child's first name
    e. Child's date of birth (DOB)
2. SECTIONS A, B and C must be completed by an authorized licensed California health care provider (CA licensed physician, surgeon, nurse practitioner, nurse midwife, dentist, optometrist, podiatrist, physician assistant – CA Code of Regulations, Title S, Section 601[a]) for any daily/routine medications, vitamins, and supplements. The authorized licensed health care provider must sign the form.
3. SECTION E must be completed and signed by the student's parent/legal guardian.
4. SECTION D and all other sections in GRAY are for Cuyamaca Outdoor School use only.
5. Give the completed and signed Medication Authorization Form along with your child's medication to your child's school at least **three weeks** before your child attends outdoor school.

If you have any questions, please contact your child's school nurse or call the Cuyamaca Outdoor School Health Center at 760-765-4110. Thank you, and we look forward to your child's visit!

Medication Authorization Form

ORDER FOR ADMINISTRATION OF MEDICATION AT CUYAMACA OUTDOOR SCHOOL. All medication/s, vitamins, and supplements must be **sent in the original container**.

SECTIONS A-C must be completed and signed by an authorized licensed California health care provider (CA licensed physician, surgeon, nurse practitioner, nurse midwife, dentist, optometrist, podiatrist, physician assistant – CA Code of Regulations, Title S, Section 601[a]) **for any daily/routine medications, vitamins, and supplements**.

SECTION E must be completed and signed by the student's parent/legal guardian. **SECTION D** and all sections in GRAY are for Cuyamaca Outdoor School use only.

Cabin
HG

Student's School _____ **Dates of Attendance** _____

Student's Last Name _____ **Student's First Name** _____ **DOB** _____ **Gender** _____

SECTION A: To be completed by Health Care Provider | SECTION D: Cuyamaca Outdoor School Use Only

Med #	Medication/Vitamin/Supplement Details *(include generic name of medication)*		✓ IN by:	Mon		Tues			Wed			Thurs			Fri		✓ OUT by:
				Mid	*PM*	*AM*	*Mid*	*PM*	*AM*	*Mid*	*PM*	*AM*	*Mid*	*PM*	*AM*	*Mid*	
1	Medication/Dose (mg):																
	Form / Time:																
	Route / Reason:																
	Count IN:	**Count OUT:**															
2	Medication/Dose (mg):																
	Form / Time:																
	Route / Reason:																
	Count IN:	**Count OUT:**															
3	Medication/Dose (mg):																
	Form / Time:																
	Route / Reason:																
	Count IN:	**Count OUT:**															
4	Medication/Dose (mg):																
	Form / Time:																
	Route / Reason:																
	Count IN:	**Count OUT:**															

SECTION B: Additonal Instructions (attach a care plan if needed):

SECTION C: To Be Completed by Health Care Provider

Health Care Provider _____

CA License # _____

Phone # _____

Signature _____ Date:

SECTION E: To Be Completed by Parent/Legal Guardian

I authorize Cuyamaca Outdoor School to administer the medication/s, supplements, and/ or vitamins listed above to my child as directed by the authorized licensed health care provider.

Parent/Legal Guardian _____

Phone # _____

Signature _____ Date:

COS Initials & Signature: *COS Initials & Signature:* *COS Initials & Signature:*