

Cuyamaca Outdoor School Registration and Medication Guidelines



Cuyamaca Outdoor School Health Care Team
760-765-4110
cosnurse@sdcoe.net
www.sdcoe.net/cos

AGENDA

1. Meet the Team
2. Student Registration and Health Form
3. Medication Documentation
4. Medical Support Plans
5. Preparing Medication
6. Final Notes

Meet the Team

- 1 RN and 2 Health Technicians
- 1 Child Nutrition Supervisor, 1 Chef, 2 Cooks, and 4 Food Service Workers
- Program Assistant
- Leadership team consists of 1 principal, 1 vice principal, 2 head teachers, and 2 village leaders
- Day and overnight program staff
- Outdoor Education Project Specialist

Student Registration and Health Form

Required for every student

<https://www.sdcoe.net/schools/cuyamaca-outdoor/teachers-and-coordinators>

Student Registration and Health Form (SRHF)



Outdoor Education Program Student Registration and Health Form 2025-26



To be Completed by Parent or Guardian
* Please Print Double-sided on Pink Paper *

Attendance
Dates: _____
Teacher: _____

Student's Name: _____ Date of Birth: _____ Gender: _____
Last First

School: _____ School Phone: _____

Parent/Guardian:

1. Name _____ Cell # _____ Home # _____ Work # _____

2. Name _____ Cell # _____ Home # _____ Work # _____

Home Address: _____ Email: _____

If you cannot be reached in an emergency, who should be called?

3. Name _____ Cell # _____ Home # _____ Work # _____

IMPORTANT: Are you sending prescription or over-the-counter medication for your child? Yes No

"Medication" includes prescriptions, over-the-counter items, vitamins, supplements, etc.

If YES, complete the following steps:

- Is the medication listed on the back of this page? If yes, do NOT send unless taken daily. If taken daily, follow steps 2-4.
- Complete the **Medication Authorization Form**, which **MUST** be signed by a prescribing physician (MD, DO, NP, or PA) and the child's parent/guardian. The medication name and dose listed on the form **MUST** match the medication label to be administered.
- Submit the completed and signed Medication Authorization Form to your child's school **with this registration form**.
- Deliver all medications, over-the-counter items, vitamins, and supplements in **ORIGINAL CONTAINERS** to your child's school. The Medication Authorization Form can be found at www.sdcoe.net/cos > Parents and Students > All Forms

Student Health Information and Authorization for Treatment

Letter Check ALL applicable conditions of child and **explain below:**

- A. Allergies (specify below)**
- Bee Stings Insect Bites
 - Food* (list below & send form)**
 - Seasonal Allergies
- B. ADD or ADHD**
- C. Asthma**
- D. Bedwetting (currently)**
- E. Bowel Problems**
- F. Epilepsy or Seizure Disorder**
- G. Fainting**
- H. Headache/Migraines**
- I. Heart Condition**
- J. Possible Homesickness**
- K. Nose Bleeds**
- L. Vegetarian Vegan**
- L. Sleepwalking (history of) – Date of last episode: _____**
- M. **Recent broken bone, other injuries, or back or neck problems?**
Body part injured: _____ Date of Injury: _____
Activity Restrictions:** _____
- N. **Recent Surgery:** Body part: _____ Surgery Date: _____
Activity restrictions:** _____
**Crutches not allowed at camp. Contact Cuyamaca@sdcoe.net to discuss options.
- O. Diabetes/Endocrine Condition?** Type 1 Diabetes Growth Hormone Inj.
If checked, please contact Health Center ASAP: cosnurse@sdcoe.net
- P. Psychiatric/Emotional Condition: _____**
- Q. Child has an: IEP 504**
- P. Does child require an instructional aide in the classroom?** Yes No
- S. Does child require assistance with Activities of Daily Living?** Yes No
- T. Date of last tetanus vaccine: _____**
- U. All school-required immunizations up to date?** Yes No

***IMPORTANT: For food allergies and/or dietary restrictions/conditions** (except for nut allergies, vegetarian, vegan, or lactose intolerance), a **Special Meal Accommodation Form** **MUST** be completed and signed by a prescribing physician (MD, DO, NP, or PA) and submitted to your child's school with this registration form. www.sdcoe.net/cos > Parents and Students > All Forms

Briefly explain ALL items checked above (refer to each item by letter)

| Letter | Also explain any other medical issues not listed above (use an additional page if necessary) |
|--------|--|
| | |
| | |
| | |
| | |

Sections on next page must be completed for your child to be able to attend

For ALL prescription and over-the-counter medications, vitamins, supplements, etc. NOT listed below, a Medication Authorization Form must be completed and signed by a prescribing physician (MD, DO, NP, or PA) and the parent/guardian and submitted to your child's school with this registration form.

ALL prescription and over-the-counter medications, vitamins, supplements, etc. MUST be sent in the original container. Doses listed on Medication Authorization Form must match container.

Over-the-Counter Medication Available at Cuyamaca Outdoor School on an As-Needed Basis

Occasionally, it is necessary to provide students with non-prescription medications when they are at the camp. The medications listed below are kept in stock at the camp for this purpose. Do not send these items to the camp. Please check "yes" (☑) or "no" (☐) below to indicate your permission for the listed medications to be administered, as needed, by the outdoor school Health Center staff or other authorized staff member.

We will not administer any medication without authorization.

| YES | NO | YES | NO |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Authorization for Medical Treatment – Signature required for student to receive treatment

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise, and I am not immediately available. I further authorize site personnel to assist my child in the use of the medications indicated above and those listed on the attached Medication Authorization Form (if provided).

Parent/Guardian Signature: _____ Date: _____

Medial Insurance Information (mark N/A if none)

Medi-Cal Coverage _____ Policy # _____
Private Insurance _____ Insurer Name: _____ Policy #: _____

Parent/Guardian Permission for Participation in the Cuyamaca Outdoor School Sixth Grade Camp Participant Liability Release, Hold Harmless and Indemnification

I, the undersigned parent/guardian, consent to my child's voluntary participation in an extended school field trip at San Diego County Office of Education (SDCOE)'s Cuyamaca Outdoor School (COS). I acknowledge that my child and I fully understand that participation may involve risk of serious injury or death, including losses which may result not only from my child's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where activities are being conducted. I understand that if I have any risk concerns, I should discuss the associated risks with my child's school before I sign this document and before the field trip begins.

I acknowledge that I am aware that there are risks to my child, myself, and any members of our household of exposure to, directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

In consideration of having the opportunity to participate in the Cuyamaca Outdoor School program, I hereby voluntarily agree to waive, hold harmless, indemnify, and release SDCOE/COS, its Board members, administrators, officers, agents, employees, volunteers, representatives, and other individuals acting on its behalf from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my child's participation in COS. I indicate my agreement to this hold harmless elective by signing below.

Authorization for Student Transportation

I hereby authorize employees of San Diego County Office of Education and/or my child's school or district to transport my child in buses, SDCOE owned vehicles, or personal vehicles for field trips, between home, school, and Cuyamaca Outdoor School, and for emergency purposes.

Required Pick Up

I acknowledge that in non-emergency circumstances, if my child becomes ill, exhibits abnormal symptoms related to a pre-existing condition, is injured, or does not follow school and/or COS rules, I or the emergency contact listed on this form will be required to pick up my child from COS within four hours.

Discipline Policy

I acknowledge that if my child does not follow school and COS rules, COS staff will attempt to work with my child to help them make better choices. In some circumstances, disciplinary consequences may be implemented. Depending on the severity of the behavior, consequences may include being "timed out" of fun activities, suspended from their home school, and/or having to be picked up and brought home by me or the emergency contact listed on this form.

Media Release

Videos and/or photos may be taken and used for promotional and/or news purposes. I understand that if I do not wish to have my child included in such videos or photos, it is my responsibility to contact the camp secretary no later than two (2) weeks prior to camp at 760 765-3000.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT. BY SIGNING BELOW, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS ENTIRE AGREEMENT, THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING MY RIGHT TO SUE, AND THAT I HAVE SIGNED THIS AGREEMENT KNOWINGLY AND VOLUNTARILY.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

SRHF – Dietary Needs

Student Health Information

Letter _____ Check (☑)

A. Allergies (specify below)

Bee Stings Insect Bites

Food* (list below & send form)

Seasonal Allergies

B. ADD or ADHD

C. Asthma

D. Bedwetting (currently)

E. Bowel Problems

F. Epilepsy or Seizure Disorder

G. Fainting

H. Headache/Migraines

I. Heart Condition

J. Possible Homesickness

K. Nose Bleeds

L. Vegetarian Vegan

***IMPORTANT: For food allergies and/or intolerance), a Special Meal Accommodation and submitted to your child's school**

- Food allergies and other dietary restrictions should be noted and explained on the front of the Student Registration and Health Form
- Cuyamaca Outdoor School is a nut-free facility – no exceptions. No products containing nuts are served in the Dining Hall.
- *Except for nut allergies, lactose intolerance, vegetarian, and vegan, a Medical Statement to Request Special Meals and/or Accommodations must be submitted for food allergies and dietary restrictions (e.g., Celiac, food aversion, GERD, ARFID, etc.)*
- Students with anaphylactic food allergies will need an Allergy Action Plan

CUYAMACA OUTDOOR SCHOOL
8th GRADE CAMP

DATE: _____

Student Registration and Health Form
2025-26

To be completed by Parent or Guardian
* Please Print Double-sided on Both Sides

Student's Name: _____ Date of Birth: _____
School: _____ Last: _____ School: _____

Parent/Guardian: _____
1. Name: _____ Cell #: _____
2. Name: _____ Cell #: _____

Home Address: _____
If you cannot be reached in an emergency, who should be called? _____

IMPORTANT: Are you taking prescriptions (or over-the-counter medications) "As-Needed" includes prescriptions, over-the-counter medications, and on the back of this page (if you take any of the following):

1. In the medication name and on the back of this page (if you take any of the following):
2. Complete the medication authorization form, which MUST be filled out by a child's parent/guardian. The medication name and dose listed on the form MUST be the same as the name and dose listed on the original prescription.
3. Submit the medication authorization form to the school nurse.
4. Deliver all medications, over-the-counter items, vitamins, and supplements to the school nurse. Do not bring them to school.

Student Health Information and Conditions
Check (☑) ALL applicable conditions of

A. Allergies (specify below)
 Bee Stings Insect Bites Seasonal Allergies

B. ADD or ADHD

C. Asthma

D. Bedwetting (currently)

E. Bowel Problems

F. Epilepsy or Seizure Disorder

G. Fainting

H. Headache/Migraines

I. Heart Condition

J. Possible Homesickness

K. Nose Bleeds

L. Vegetarian Vegan

***IMPORTANT: For food allergies and/or dietary restrictions/conditions (except for nut allergies, vegetarian, vegan, or lactose intolerance), a Special Meal Accommodation Form MUST be completed and signed by a prescribing provider (MD, DO, NP, or PA) and submitted to your child's school with this registration form. www.sdoce.net/files/Parents_and_Students/All_Forms**

Briefly explain ALL items checked above (refer to each item by letter)
Also explain any other medical issues not listed above (use an additional page if necessary)

Sections on next page must be completed for your child to be able to attend!

SRHF – Mobility Concerns

Information and Authorization for Treatment

ALL applicable conditions of child and **explain below:**

- I. Sleepwalking (history of) – Date of last episode: _____
 - M. **Recent broken bone, other injuries, or back or neck problems?
 Body part injured: _____ Date of Injury: _____
 Activity Restrictions: ** _____
 - N. **Recent Surgery: Body part: _____ Surgery Date: _____
 Activity restrictions: ** _____
- **Crutches not allowed at camp. Contact Cuyamaca@sdcoe.net to discuss options.**
- O. Diabetes/Endocrine Condition? Type 1 Diabetes Growth Hormone Inj.
 If checked, please contact Health Center ASAP: cosnurse@sdcoe.net
 - P. Psychiatric/Emotional Condition: _____
 - Q. Child has an: IEP 504
 - F. Does child require an instructional aide in the classroom? Yes No
 - S. Does child require assistance with Activities of Daily Living? Yes No
 - T. Date of last tetanus vaccine: _____
 - J. All school-required immunizations up to date? Yes No

or dietary restrictions/conditions (except for nut allergies, vegetarian, vegan, or lactose intolerance) **Form MUST** be completed and signed by a prescribing physician (MD, DO, NP, or PA) with this registration form. www.sdcoe.net/cos > Parents and Students > All Forms

- The Cuyamaca Outdoor School campus is on a slope. All activities include walking on uneven terrain and hiking from 2.5 to 6 hours.
- Any student on crutches will need to have one-to-one school-provided support to push them in a wheelchair around camp and for all activities.

Please contact the Cuyamaca Outdoor School main office to discuss any mobility concerns.

CUYAMACA
Outdoor School
an orange county school

Student Registration

To be Completed by Parent/Guardian
Please Print Name

Student's Name: _____
 School: _____
 Parent/Guardian: _____
 Name: _____ Cell #: _____
 Home Address: _____
 If you cannot be reached in an emergency, who should we call? _____

IMPORTANT: Are you sending prescription or over-the-counter medication for your child? Yes No
*Medication includes prescription, over-the-counter, insulin, vitamins, supplements, etc.

Check (X) ALL applicable conditions of child and explain below:

A. Allergies (Specify below):
 Bee Stings Insect bites
 Food* (List below & send form)
 Seasonal Allergies
 ADD or ADHD
 Asthma
 Bedwetting (currently)
 Bowel Problems
 Epilepsy or Seizure Disorder
 Fainting
 Headaches/Migraines
 Heart Condition
 Possible Homocysteinemia
 Nose Bleeds
 Vegetarian Vegan

Check (X) ALL applicable conditions of child and explain below:

L. Sleepwalking (history of) – Date of last episode: _____
 M. **Recent broken bone, other injuries, or back or neck problems?
 Body part injured: _____ Date of Injury: _____
 Activity Restrictions: ** _____
 N. **Recent Surgery: Body part: _____ Surgery Date: _____
 Activity restrictions: ** _____

****Crutches not allowed at camp. Contact Cuyamaca@sdcoe.net to discuss options.**

O. Diabetes/Endocrine Condition? Type 1 Diabetes Growth Hormone Inj.
 If checked, please contact Health Center ASAP: cosnurse@sdcoe.net

P. Psychiatric/Emotional Condition: _____

Q. Child has an: IEP 504

F. Does child require an instructional aide in the classroom? Yes No

S. Does child require assistance with Activities of Daily Living? Yes No

T. Date of last tetanus vaccine: _____

J. All school-required immunizations up to date? Yes No

***IMPORTANT: For food allergies and/or dietary restrictions/conditions (except for nut allergies, vegetarian, vegan, or lactose intolerance) a Special Meal Accommodation Form MUST be completed and signed by a prescribing physician (MD, DO, NP, or PA) and submitted to your child's school with this registration form. www.sdcoe.net/cos > Parents and Students > All Forms.**

Briefly explain ALL items checked above (refer to each item by letter).
 Also explain any other medical issues not listed above (use an additional page if necessary).

Sections on next page must be completed for your child to be able to attend!

SRHF – Other

Information and Authorization for Treatment

ALL applicable conditions of child and **explain below:**

- L. Sleepwalking (history of) – Date of last episode: _____
 - M. **Recent broken bone, other injuries, or back or neck problems?
Body part injured: _____ Date of Injury: _____
Activity Restrictions: ** _____
 - N. **Recent Surgery: Body part: _____ Surgery Date: _____
Activity restrictions: ** _____
- **Crutches not allowed at camp. Contact Cuyamaca@sdcoe.net to discuss options.*
- O. Diabetes/Endocrine Condition? Type 1 Diabetes Growth Hormone Inj.
If checked, please contact Health Center ASAP: cosnurse@sdcoe.net
 - P. Psychiatric/Emotional Condition: _____
 - Q. Child has an: IEP 504
 - R. Does child require an instructional aide in the classroom? Yes No
 - S. Does child require assistance with Activities of Daily Living? Yes No
 - T. Date of last tetanus vaccine: _____
 - U. All school-required immunizations up to date? Yes No

or dietary restrictions/conditions (except for nut allergies, vegetarian, vegan, or lactose intolerance) **MUST** be completed and signed by a prescribing physician (MD, DO, NP, or PA) with this registration form. www.sdcoe.net/cos > Parents and Students > All Forms

- Verify that the appropriate box is checked for any students who meet conditions noted in sections Q-S.
- Contact us as far in advance as possible to discuss options to best support that student for a successful experience.

CUYAMACA
Outdoor School
an outdoor school

Student Registration Form

To be Completed by Parent/Guardian
Please Print Name

Student's Name: _____
School: _____
Parent/Guardian: _____
Home Address: _____
If you cannot be reached in an emergency, who should we call? _____

IMPORTANT: Are you sending prescription or over-the-counter medication for your child? Yes No
(Medication includes prescription, over-the-counter, vitamins, supplements, etc.)

Student Health Information and Authorization for Treatment

Check (X) **ALL** applicable conditions of child and **explain below:**

A. Allergies (Specify below)
 None Stings Insect bites
 Food? (List below & send form)
 Seasonal Allergies
 ADD or ADHD
 Asthma
 Bedwetting (Currently)
 Bowel Problems
 Epilepsy or Seizure Disorder
 Fainting
 Headaches/Migraines
 Heart Condition
 Kidney/Urinary Problems
 Nose Bleeds
 Vegetarian Vegan

L. Sleepwalking (history of) – Date of last episode: _____
M. **Recent broken bone, other injuries, or back or neck problems?
Body part injured: _____ Date of Injury: _____
Activity Restrictions: ** _____
N. **Recent Surgery: Body part: _____ Surgery Date: _____
Activity restrictions: ** _____
***Crutches not allowed at camp. Contact Cuyamaca@sdcoe.net to discuss options.*
O. Diabetes/Endocrine Condition? Type 1 Diabetes Growth Hormone Inj.
If checked, please contact Health Center ASAP: cosnurse@sdcoe.net
P. Psychiatric/Emotional Condition: _____
Q. Child has an: IEP 504
R. Does child require an instructional aide in the classroom? Yes No
S. Does child require assistance with Activities of Daily Living? Yes No
T. Date of last tetanus vaccine: _____
U. All school-required immunizations up to date? Yes No

***IMPORTANT: For food allergies and/or dietary restrictions/conditions** (except for nut allergies, vegetarian, vegan, or lactose intolerance) **Special Meal Accommodation Form** **MUST** be completed and signed by a prescribing physician (MD, DO, NP, or PA) and submitted to your child's school with this registration form. www.sdcoe.net/cos > Parents and Students > All Forms

Briefly explain **ALL** items checked above (refer to each item by letter).
Also explain any other medical issues not listed above (use an additional page if necessary).

Sections on next page must be completed for your child to be able to attend!

Immunization and vaccine requirements for Cuyamaca Outdoor School are consistent with those for all California schools.

Over-the-Counter Medication (OTC)



Standing Orders apply to all checkbox medications on the back of the pink Student Registration and Health Form.



By ticking these boxes, parent/guardians give consent for the use of as-needed OTC medications provided by Cuyamaca Outdoor School.



No additional documentation is required for these items.

Over-the-Counter Medication Available at Cuyamaca Outdoor School on an As-Needed Basis

Occasionally, it is necessary to provide students with non-prescription medications when they are at the camp. The medications listed below are kept in stock at the camp for this purpose. **Do not send these items to the camp.** Please check “yes” (☑) or “no” (☑) below to indicate your permission for the listed medications to be administered, as needed, by the outdoor school Health Center staff or other authorized staff member.

We will not administer any medication without authorization.

| YES | NO | | YES | NO | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (head/muscle aches, cramps, fever, pain) | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl oral/topical (allergies, itch, insect bite) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ibuprofen (head/muscle aches, cramps, fever, pain) | <input type="checkbox"/> | <input type="checkbox"/> | Cetirizine (allergies, hay fever) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums (stomachache, diarrhea) | <input type="checkbox"/> | <input type="checkbox"/> | Loratadine (allergies, hay fever) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiber gummies (constipation) | <input type="checkbox"/> | <input type="checkbox"/> | Nasal decongestant (nasal congestion) |
| <input type="checkbox"/> | <input type="checkbox"/> | Lactaid (lactose intolerance) | <input type="checkbox"/> | <input type="checkbox"/> | Hydrocortisone Cream (itch, rash) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dramamine (motion sickness) | <input type="checkbox"/> | <input type="checkbox"/> | Antibiotic ointment (cuts, burns) |

OTC's

“As needed” OTC's:

- Students simply ask permission to visit the Health Center where they will ask for medication, if needed.
- The Health Center staff will assess them and ensure the Student Registration and Health Form has been approved by their parent/guardian.
- Medication will only be given IF NEEDED.
- If a medication is not approved, it will not be given.

Routine/daily OTC's:

- If an OTC medication is required for routine daily use rather than as-needed, a Medication Administration Form (MAF) should be completed that includes the six rights of medication administration.

There is **no need to send any OTC's** listed on the Student Registration and Health Form.

Medication Documentation

*Required for each student who takes
routine/daily medications*

<https://www.sdcoe.net/schools/cuyamaca-outdoor/teachers-and-coordinators>

Medication and MAF Criteria

All information listed on the Medication Authorization Form (MAF) must match the label on each medication container and meet the following Six Rights of Medication Administration:

1. Right person
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right Reason

Also required: signature from physician and parent/guardian

If any requirement above is missing, inaccurate, or does not match, **medication will not be administered**, no exceptions. This may result in the student **not receiving their medication as scheduled**, which could affect their safety and participation in camp activities.



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.

Student's School _____

Dates of Attendance _____

| |
|-------|
| Cabin |
| HG |

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 <i>(include generic name of medication)</i> | ✓ 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: Additional Instructions (attach a care plan if needed): _____

SECTION C: To Be Completed by Health Care Provider

SECTION E: To Be Completed by Parent/Legal Guardian

Health Care Provider _____

CA License # _____

Phone # _____

Signature _____ Date: _____

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: _____

MAF Medication Information

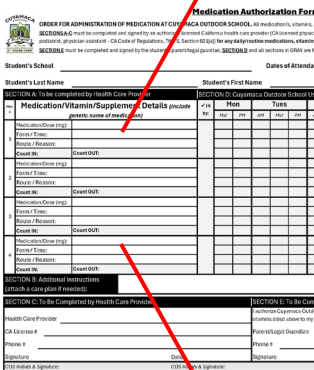
Student's Last Name _____

| SECTION A: To be completed by Health Care Provider | | | |
|--|---|------------|--|
| Med # | Medication/Vitamin/Supplement Details <i>(include generic name of medication)</i> | | |
| 1 | Medication/Dose (mg): | A | |
| | Form / Time: | B | |
| | Route / Reason: | C | |
| | Count IN: | Count OUT: | |
| 2 | Medication/Dose (mg): | A | |
| | Form / Time: | B | |
| | Route / Reason: | C | |
| | Count IN: | Count OUT: | |
| 3 | Medication/Dose (mg): | A | |
| | Form / Time: | B | |
| | Route / Reason: | C | |
| | Count IN: | Count OUT: | |
| 4 | Medication/Dose (mg): | A | |
| | Form / Time: | B | |
| | Route / Reason: | C | |
| | Count IN: | Count OUT: | |

List each medication.
Use a second MAF if needed.

Each must include:

- A. Medication name and Dose
(e.g., Concerta / 15 mg)
- B. Form and Time to be given
(e.g., Tab / Daily in AM)
- C. Route and Reason
(e.g. PO / ADHD)



MAF Signatures

Signatures of both a Health Care Provider and the Parent/Legal Guardian are required for legal administration of any medication.

SECTION C: To Be Completed by Health Care Provider

Health Care Provider _____

CA License # _____

Phone # _____

Signature _____ Date: _____

Medication Authorization Form

CHECK FOR ADMINISTRATION OF MEDICATION AT CUYAMACA OUTDOOR SCHOOL. Medication, vitamins, and supplements must be administered on campus. SECTION A must be completed and signed by an authorized licensed California health care provider (CA licensed physician, nurse practitioner, nurse midwife, dentist, optometrist, podiatrist, dental assistant, Occupational Therapist, and Licensed Physical Therapist) and a parent/legal guardian. SECTION B must be completed and signed by the student's parent/legal guardian. SECTION C and all sections in OTHER are for Cuyamaca Outdoor School use only.

Student's School _____ Dates of Attendance _____

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

| Medication/Vitamin/Supplement Details (provide generic name of medication) | SECTION D: Cuyamaca Outdoor School Use Only | | | | | | |
|--|---|-----|-----|-------|-----|-----|-----|
| | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| 1. Medication/Supplement | | | | | | | |
| 2. Medication/Supplement | | | | | | | |
| 3. Medication/Supplement | | | | | | | |
| 4. Medication/Supplement | | | | | | | |

SECTION B: Additional Information
(Attach a copy plus if needed)

| SECTION C: To Be Completed by Health Care Provider | SECTION E: To Be Completed by Parent/Legal Guardian |
|--|---|
| Health Care Provider _____ | Parent/Legal Guardian _____ |
| CA License # _____ | Phone # _____ |
| Signature _____ Date _____ | 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: _____

Critical: Medication Authorization Forms

- **Timely Care:** Without completed forms, staff can't legally administer medications; delays mean delayed or no treatment
- **Accuracy:** On-time forms help verify student name, medications, dosages, and timing to reduce the risk of errors
- **Safety:** Late or missing forms could result in a student receiving a wrong medication or dose

Late submissions don't just slow us down, they compromise care.
Please submit forms on time.

Medical Support Plans

*For students with medical conditions that
may require emergency interventions*

Asthma and Allergy Action Plans

- Signed by both a physician and a parent/guardian
- Up-to-date
- Submitted 3 weeks prior to camp arrival
- If an Asthma or Allergy Action Plan is on file at school, it may be sent in lieu of a Medication Administration Form (MAF) if it is current and signed by a licensed health care provider
- For food allergies (other than nuts) or other dietary restrictions or conditions, complete a Medical Statement to Request Special Meals and/or Accommodations. Contact the Child Nutrition Supervisor for more information at coskitchen@sdcoe.net.

Seizure Action Plan

If a student has a seizure diagnosis, a Seizure Action Plan is required.

- Up to date and submitted 3 weeks prior to camp
- Seizure Action Plan should delineate type of seizure(s), frequency, signs and symptoms, routine medications (6 rights must be listed) and emergency medication administration criteria
- Medications will require a Medication Authorization Form (MAF) to be completed if the "six rights of medication administration" are not clearly documented in the action plan

Diabetes Action Plan

A Diabetes Medical Management Plan (DMMP) is required if the student:

- Takes insulin or other diabetes medications
- Monitors blood glucose levels
- Requires specific dietary accommodations
- Requires emergency interventions

DMMP's must include:

- Type of Diabetes
- Type of insulin and route
- Blood glucose ranges: high and low
- Emergency signs and actions
- Emergency medication administration guidelines
- Endocrinology contact information

Diabetes Action Plan, continued

The Cuyamaca Outdoor School RN will contact the student's parent/guardian by phone at least two weeks prior to the trip to review the student's needs.

All necessary equipment and supplies, along with extras of critical items, must be properly labeled and brought to outdoor school on arrival day.

Diabetes Equipment to Send

For All Campers:

Insulin (Short and/or Long Acting) (Send on Ice)

Glucometer and Glucometer Strips

Lancets

Rescue Medication (x2 or more)

Syringes

Ketone Strips

Backpack or Waist Pack

Snacks for the Week: NO NUTS

- No products made in Nut Facilities
- Carb Snacks
- Protein Snacks
 - Examples: Jerky, Cheese, Yogurt
- Please label with carb counts

Campers with CGM Devices:

1-2 Sensors / Pods

Tape / Adhesives

Charger

Receiver (Cell Phone)

Campers with Pumps:

Infusion Sets and Reservoirs

Pump Batteries

Set Inserters

Tape/ Adhesive (if needed)

Chargers

Campers with Pens:

Insulin Pens

Pen Needles

Instructional Aide Support

Please call us as far in advance as possible to discuss:

- Student with Instructional Aide at school
- Special Education student with specific support needs
- Student who requires assistance with activities of daily living
- Student with mobility issues
- Students on the Autism spectrum

School/school district is responsible for providing Instructional Aides.

Because students' schedules at outdoor school extend well beyond the regular school day, it is strongly recommended that at least two aides are provided to support the student during waking hours. An additional aide may be needed to support some students overnight.

Preparing Medication for Cuyamaca Outdoor School

1-2 weeks prior to the trip

Verify Each Student's Medication

- Medication is in *original*, labeled container
- Medication is not expired
- Medication is clearly labeled and matches the MAF:
 - Student name
 - Medication name
 - Dose, time and route
- Dosage on form matches medication label exactly
- MAF signed by parent/guardian and healthcare provider
- A signed MAF is submitted unless *it's a pre-approved OTC listed on the back of the pink Student Registration and Health Form*

Controlled & Scheduled Medications

- **Controlled/Scheduled meds** (e.g., ADHD stimulants, certain mood or behavior medications) should be **counted before camp** by 2 adult school representatives.
- **Documentation** must be complete, accurate, and signed by parent/guardian **and** prescribing provider before camp. Incomplete forms may delay or prevent administration.
- **Inventory checks:** Intake on arrival; count-out at departure for accountability.
- Only **FDA-approved, legally prescribed** medications authorized for school use will be given.
- All meds must be in **original, labeled containers** from pharmacy or manufacturer.

Vitamins & Supplements

- Only send medically necessary prescribed vitamins and supplements
- Medication Authorization Form is required, even for non-prescription OTC vitamins, supplements, etc.
- Non-essential supplements cause delays & long wait times
- A professional Child Nutrition Supervisor manages nutrition for students while they are at camp. Meals are thoughtfully prepared to be healthy, nutritious, and tasty.

Medication Packaging

Medication bottles/containers must exactly match the MAF.

A: Student name

B: Medication name and dosage

C: Directions for use

D: Description of medication

E: Current date (not expired)

Pill organizers or baggies with loose medication will not be accepted or administered to students and will be returned to school at the end of the week.



Preparing Medications for Outdoor School

For each student who has routine/daily medication:

- Label a paper or resealable plastic bag with student's name and school name
- Place medication/s listed on the MAF into their labeled bag

Once student medications are bagged:

- Put all bags into a larger container labeled with school name
- Give to a classroom teacher to deliver to the Health Center upon arrival at outdoor school



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Final Notes

Sending Forms

Follow your school's timeline for forms distribution and collection.

After Collection:

- Review all forms thoroughly
- Retain a digital or hard copy of each form in case any paperwork is lost or misplaced
- Send all forms via USPS, UPS, or FedEx. **Do not** send via truck/district/interoffice mail.
- Mail the completed forms to arrive at Cuyamaca Outdoor School **at least 3 weeks** before your scheduled camp date

Student Safety Is Our Top Priority

It is our utmost priority to keep your students safe so that they can have a fun and memorable week at Cuyamaca Outdoor School.

Strict adherence to protocols and deadlines ensures:

- Safe, timely, and accurate medication administration
- Protection of student well-being
- Compliance with health regulations and licensing

Incomplete paperwork or incorrectly packaged medication can delay or even prevent a student from receiving their medication. Please be sure everything is complete and accurate. This helps us ensure student safety and well-being.

Thank you!

We know you have a lot to do to prepare for outdoor school. We appreciate everything you do to make this transformative experience possible for your students!

Contact Us

Health Care Team

- 760-765-4110
- cosnurse@sdcoe.net

Administration

- 760-765-3000 (office)
- 760-765-3001 (fax)
- Cuyamaca@sdcoe.net

Child Nutrition Supervisor

- 760-307-1614
- coskitchen@sdcoe.net

Outdoor Education Project Specialist

- 858-290-5982
- duburns@sdcoe.net

