

Santa Cruz County Outdoor Science School AUTHORIZATION TO ADMINISTER MEDICATION

Name of Student (Last)	(First)	Date of Birth
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The over-the-counter (OTC) medications listed below or their generic equivalents are provided by OSS. Please indicate below, whether or not your child has permission to receive the listed medications.

<u>ANALGESICS</u> Advil/Ibuprofen Tylenol (LIQ&TAB)	<u>COLD/CONGESTANT/ALLERGY</u> Benadryl (LIQ&TAB) Robitussin DM Cough & Congestion Cough Drops	<u>CONSTIPATION/DIARRHEA</u> Milk of Magnesia Immodium	<u>SKIN</u> Neosporin Ointment Benzocaine Calamine Lotion Hydrocortisone Cream
<u>INDIGESTION</u> Tums Pepto Bismol	<u>MOUTH</u> Chloraseptic		

May your child be given the medications listed above if needed? **YES** (signature below is required) **NO**

ALL other medication sent with your child, both prescription and non-prescription, must be in the ORIGINAL CONTAINER and authorized below by his/her physician. The container must be clearly labeled with the following information:

1. STUDENT'S NAME
2. PHYSICIAN'S NAME (prescription medications only)
3. NAME OF MEDICATION
4. DOSAGE (how much and when)

Please pack enough for 2 extra days in case of emergency, accidental loss or damage. It is important that students continue to take their medication while at OSS. Medication must be given to your child's classroom teacher for delivery to the OSS Health Supervisor. **DO NOT** pack medication in your child's luggage.

TO BE COMPLETED & SIGNED BY THE STUDENT'S PHYSICIAN: Medication sent from home to be administered at OSS:

Name of Medication	Dosage (e.g. 1 Tab, 10mg)	Route (Oral, inhale, topical)	Schedule					Condition(s) for Given Medication
			Break- fast	Lunch	Dinner	Bed- time	Other	
1.								
2.								
3.								
4.								
5.								

Comments:

For students with asthma or severe allergies, please indicate if they have your permission to carry their inhaler and/or epi-pen on their person and use as needed while attending the Santa Cruz County Outdoor Science School.

- Yes**—This student has my permission to carry their inhaler and/or epi-pen at all times.
 No—This student may not carry their inhaler and/or epi-pen. His/her medication must be on the person of an adult guardian at all times.

Physician Authorization: The above named student for whom the medication(s) on this form are prescribed is under my care.

Physician's Name: _____ **Phone Number:** _____ **Address:** _____

Signature: _____ **Date:** _____

Parent Authorization

The Board of Education recognizes that certain students may need to take prescribed or over-the-counter medication during their stay at the Outdoor Science School (OSS). The Health Supervisor, or other persons designated by the administration, shall assist such students in taking their medication. OSS is not legally required to administer medication to students participating in the program. However, at the request of the parent/legal guardian, with proper authorization, OSS will administer medication in an effort to carry out the wishes of the parent/legal guardian and the recommendations of a physician. I request that my child be assisted by authorized persons in taking the described medications listed above at the Santa Cruz County Outdoor Science School in compliance with established policies and procedures.

I understand that medication may be dispensed by someone other than a registered nurse. I hereby agree to hold the Santa Cruz County Office of Education and its officers, agents, and employees harmless from any and all liability which may arise out of SCCOE's performance under this agreement.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

Checklist (Make sure of the following before returning this form)

- | | |
|---|---|
| <input type="checkbox"/> Medications are in their original containers | <input type="checkbox"/> Medications are not expired |
| <input type="checkbox"/> Medications inside a gallon sized zip lock bag | <input type="checkbox"/> Parent/Guardian (and doctor for prescription meds) have signed this form |