

**Only complete this form if your student is bringing medication (prescription or over-the-counter) to Mission Springs Outdoor Education**

## Medication Form

Student Name \_\_\_\_\_

School Name \_\_\_\_\_



**Why?** Education code **49423** requires:

1. Signed order from your physician (this form)
2. Signed consent by parent/guardian (this form) for a designated school personnel to carry out the physician's instructions
3. Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug

Education code **49480** gives the designated school personnel permission to communicate with the physician and Mission Springs personnel regarding possible effects of the medication.

**This section completed by a physician**

Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_


Precautions, Special Instructions, Possible Adverse Effect, Comment: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ ★ Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**This section completed by parent/guardian**

I consent to Education Code Sections **49423** and **49480**. My student \_\_\_\_\_ has my permission to take the above medication to Mission Springs and for the designated personnel to assist and/or allow him/her to take the above medication.

 **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_