

# Return form w/signature by 9/20/19.



## Three Oaks Outdoor Science School \*\*MEDICATION AUTHORIZATION\*\*

### **ALL STUDENTS MUST TURN IN THIS FORM WITH APPROPRIATE SIGNATURE(S)**

This form authorizes administration of medication while a student attends Three Oaks Outdoor Science School. The parent/legal guardian must have legal custody of the student named below to sign this form. See reverse for instructions.

Name of Student \_\_\_\_\_ School **Benton MS** District **Norwalk-La Mirada USD**

Medication(s) to be dispensed daily  
(Prescription and Nonprescription)

Name of Medication	Dosage	Purpose	8:30 AM	1:00 PM	5:30 PM	9:00 PM
1.						
2.						
3.						
4.						
5.						
6.						

The student will be given the nonprescription medication(s) approved by the parent/legal guardian that are on the reverse side of this form, if needed.

Reactions that need to be reported to the physician, special instructions for both prescription and nonprescription medication, and/or if the student needs their medication(s) other than the time indicated in the above box please document that here. \_\_\_\_\_

For student's that require an inhaler and/or epinephrine pen, the adult that is responsible for that student will have it on their person at all times. At no time will the inhaler and/or epinephrine pen be away from the student.

I, the undersigned, as the parent/legal guardian of \_\_\_\_\_ request that the medication(s), both prescription and nonprescription, indicated above be administered to my child in accordance with my physician's instructions. I will notify Three Oaks Outdoor Science School immediately if I change physicians or if the medication is changed.

### **Please sign ONE of the options below:**

**Option #1:** My child will **NOT bring prescription medications to camp**, but **may receive OTC medicine** from the camp medical officer if needed while under the camp's care:

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's Name (Please print) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Option #2:** My child **will bring prescription medicine to camp** AND **may receive OTC medicine** from the camp medical officer if needed while under the camp's care:

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's Name (Please print) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (Please print) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

(see reverse)

## Instructions Regarding Prescription and Nonprescription Medications

All medication (prescription and nonprescription) must be in the original container. The prescription container must be clearly labeled with the following information:

- 1) **Student's name**
- 2) **Physician's name**
- 3) **Name of medication**
- 4) **Dosage (how much and when)**
- 5) **Expiration date**

Please send enough medication for two extra days in case of emergency, accidental loss, or damage.

Give the medication(s) and this form to the school for delivery to Three Oaks Outdoor Science School health services technician. **Do not pack medication in student's luggage.**

**Herbal or homeopathic remedies, and any similar supplements** require the same written authorization, **including a physician's signature.**

It is not necessary to send the medications listed below unless the student takes them on a regular basis.

The following nonprescription medications are available at Three Oaks Outdoor Science School. A physician has authorized Three Oaks Outdoor Science School to administer these medications as needed. If you gave your approval on the Medication Authorization form, the student will be given these medications, if needed.

**Three Oaks Outdoor Science School administers the generic equivalent of these medications unless otherwise indicated below.**

### **ANALGESIC**

Ibuprofen LIQ & TAB  
Acetaminophen LIQ & TAB

### **INDIGESTION/DIARRHEA**

Antacid/anti gas LIQ & TAB  
Anti-diarrhea TAB

### **MOUTH**

Oral Pain Reliever  
Throat Lozenges  
Dental Wax

### **TOPICALS**

Antibiotic Ointment  
Antiseptic Towelettes  
First Aid Antiseptic Pain Reliever  
Anti-itch Lotion  
Cortisone Cream  
Mentholatum  
Rid (lice treatment)  
Rubbing Alcohol  
Burn Relief Cream  
Sting Relief (Benzocaine)  
Sun block  
Petroleum Jelly

### **COLD/ALLERGY**

Antihistamine LIQ & TAB  
Decongestant LIQ & TAB  
Cough Suppressant and/or  
Expectorant

### **CONSTIPATION**

Milk of Magnesia

### **EYE**

Eyewash  
Eye Drops

## **Outdoor Science School Information**

Three Oaks Outdoor Science School operates out of two facilities in the San Bernardino Mountains. Site elevations range from 4,000 to 7,000 feet in typical forested and chaparral mountain terrain. Three Oaks Outdoor Science School involves students in a variety of activities in all weather conditions including rain, snow, and ice. Students stay at Three Oaks Outdoor Science School for four or five days. Access to a physician and/or hospital could be delayed in excess of one hour due to the remote locations of the school sites. Road closures due to adverse weather conditions could make access to a medical facility difficult or impossible. Three Oaks Outdoor Science School employs a licensed health care provider on site 24 hours a day. Medications may be administered by the nurse or other designated Outdoor Science School staff member.  
(Education Code Section 49423).

UPDATED: July 2019