Medication & Prescription Authorization Form

To be completed by Child's Physician*

Copies of current doctors orders on file at the student's school will be accepted. Please attach to this form.

Child's Name: _____ School _____

(Last) (First)

Name of Medication	Purpose of Medication	Dosage Prescribed	Dosage Schedule (list times of administration)	Dosage Form (tablet, liquid, etc.)

Precautions, special instructions, possible adverse effect(s), or comments:

The above named child is under my care:

Physician's Name (print): Dr._____ Phone #: _____ Fax #: _____

Office Name and Address: _____

Physician's Signature: _____ CA License #:_____

* *Note: The physician providing the information on this form MUST be licensed to practice medicine in California.*

>Parent/Guardian Signature: _____ Date: _____

We hereby authorize Thousand Pines School to administer the above listed medications in accordance with the instructions noted.

Instructions for Completing Medication Authorization Form

All prescription and over-the counter medications are kept locked in the health center and will be administered only as authorized by the parent and child's physician. Important: we cannot administer any medication you send for your child without this signed form.

Steps to complete the Medication Authorization Form:

1. Medication ***must*** be prescribed by a California licensed physician and provided by a California licensed pharmacist. Medications from Mexico or authorizations from Mexican physicians are not allowed by law.
1. All medication, both prescription and non-prescription, require a physician's signature, medical license number and complete (legible) instruction from the physician.
3. Verify that:
   a. All prescription and non-prescription medications are in their ***original containers***
   b. Prescription medications are properly labeled by the California pharmacy, including:
      1) Student's name **(prescription must be for the student only, no other name will be accepted)**
      2) Medication name 3) Precise dosage instructions, quantity and frequency 4) Physician's name 5) School's name
   c. Non-prescription medications are properly labeled, including: 1) manufacturer's label with the medication name, dosage, and instructions 2) add your child's name (last name first and first name last) and 3.) the school's initials
   d. Spanish labels must be translated to English on the Authorization Form
   e. Medications are not expired.
4. Fold this form and place it in a zip-lock baggie with all the medications (both prescription and non-prescription in original containers) and forward the bag to your child's school as directed by their school.
   a. Label the baggie with your child's full name and school initials (use permanent marker).
   b. **DO NOT** send any medication to the site in your child's suitcase.
   c. Homeopathic, herbs, and vitamins ***require*** a medical authorization form completed by your physician.

If you have any questions regarding your child's medication or these instructions, please contact your school or the Outdoor Education Program @ 909.338.8900.