

SIERRA CANYON SCHOOL

Health Office

REQUEST FOR MEDICATION TO BE TAKEN DURING CAMP 2021
Healthcare Provider and Parent Signature Required

If your child also attends Sierra Canyon School, please check the following box:

Lower School (Pre K-6th) Middle School (Grade 7-9)

Student Name (Last, First)

Date of Birth

Grade

Name of Medication	Purpose of Medication	Dose	Form (inhaler, injection, capsule)	Time to be given
1.				
2.				
3.				

Adverse effects: _____

Special instructions and/or comments: _____

Print name of healthcare provider

Healthcare Provider Signature

Street

City

Zip

Telephone

Date

SELF-ADMINISTRATION (Inhalers or Epi-pens ONLY)
Grades 7th-12th

Not for any controlled substance, such as medications that enhances learning or alters mood.

This student is both capable and responsible for self-administering this medication: Yes No

This student may carry this medication at school, sports, or extracurricular activities: Yes No

Parent Initials

Healthcare Provider Signature

Date

Parent Release Form for the Administration of Medication

Pursuant of California Education Code, Section 49423:

I, the parent/guardian of _____,
request that medicine be administered to the above-named child in accordance with the healthcare provider's instructions, by the school nurse or other designated personnel. Should a change in any of the above information occur, I understand that a revised, written physician's statement and parent authorization must be submitted.

Parent Signature

Date