SIERRA CANYON SCHOOL Health Office

Acetaminophen/ Ibuprofen/ Diphenhydramine (Benadryl) Sierra Canyon School /Day Camp Parent/Healthcare Provider Release Form

Sierra Canyon School/Day Camp recognizes that some children will need to take medication while in our care during School/Camp hours. This form must be completed by all parents/guardians whose children attend School/Day Camp before any of the below medications can be dispensed. Please note that a parent/guardian and the child's healthcare provider must sign this form. This form only needs to be filled out if you do not have one on file, and remains valid during the child's duration at School/Camp.

In compliance with the California Education Code 49423, any prescription or non-prescription medication that needs to be taken while at our facility must have a written statement from the healthcare provider <u>and</u> parent/guardian.

We will give Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil) or Diphenhydramine (Benadryl) to a student/camper only if we have the parent and healthcare provider's permission in writing. <u>Benadryl</u> may be dispensed in the event of an emergency, such as an allergic reaction. <u>Acetaminophen or Ibuprofen</u> may be administered in situations such as elevated temperatures, simple headaches, muscle aches, and menstrual cramps. An attempt to notify a parent/guardian will always be made by telephone, text message, or email if an intervention is necessary.

All dosages of medication are Please check the appropriate m Acetaminophen (Tyleno Ibuprofen (Motrin/Advi Benadryl (Diphenhydra	edication(s) that you g l) l)		on to administer:	
Student or Camper's Name		Grade	Date of Birth	
Print name of healthcare provider		Signature of healthcare provider		
Street	City		Zip	
Telephone	Fax		/	/
I understand that I must contact information provided on this fo	-	writing when I	want to rescind or c	hange the
Parent/Guardian Signature				
My child attends Sierra Canyon S	chool My	child attends Sie	erra Canyon Camp	
Office: 818 882 8121 ext. 115	Fav: 818 882 7023	Scan: healthoff	ice@sierracanyonsch	ool org