Walker Creek Ranch

Marin county office of education

1700 marshall Petaluma Rd, Petlauma CA, 94952 415-491-6600

Authorization to Administer Medication

This form authorizes administration of medication while the participant attends Walker Creek Ranch. District Policies of attending schools will be followed with regard to administering all medications. Visiting School Staff are responsible for ensuring that medications are administered daily.

Name		Gender	Date of Birth	Age
School	Teacher	Dates Attending		

PRESCRIPTION AND REGULARLY TAKEN NON-PRESCRIPTION MEDICATIONS

Any medications listed in this section and *brought* to Walker Creek Ranch require parent/guardian AND physician authorization. Without both authorizations these medications will not be administered.

Medication Name & Purpose	***Amount/Dosage***	***Frequency/Time of Day***
1.		
2.		
3.		

Precautions, Special Instructions, Possible Adverse Effect(s), or comments:

For participants with asthma or severe (anaphylactic) allergies, please indicate if they have permission to carry their inhaler and/or epi-pen on their person and use as needed while attending the Marin County Outdoor School.

□ Yes – This participant has permission to carry and administer their inhaler and/or epi-pen.

□ No – This participant may not carry their inhaler and/or epi-pen. **Please Note: schools are responsible for providing an adult (classroom teacher, parent, nurse, aid, etc.) to carry and/or administer this medication during the program.**

PHYSICIAN OR AUTHORIZED HEATHCARE PROVIDER

As the physician of the above named participant, it is, in my professional opinion appropriate and necessary that the above medications be available for administration during the student's overnight stay at Walker Creek Ranch.

Print Name of Physician: Phone Number:

Physician's Signature: **Date:**

X

PARENT OR GUARDIAN

I am the parent and/or legal guardian of the above participant. I hereby give consent that the medication(s), both prescription and nonprescription, indicated above be administered to the participant in accordance with my physician's instructions. I will notify Walker Creek Ranch immediately if I change physicians or if the medication is changed.

Signature of Parent / Legal Guardian **Date:**

X

DIRECTIONS FOR SENDING MEDICATION TO WALKER CREEK RANCH

ALL medication sent with the participant, must be in the original container and clearly labeled with the following information:

PARTICIPANT'S NAME, PHYSICIAN'S NAME, NAME OF MEDICATION, and DOSAGE (how much and when)

It is important that the participant continue to take their medication while at Walker Creek Ranch. DO NOT pack medicines in the participant's luggage. Medication must be given to the participant's classroom teacher for delivery to the Walker Creek Ranch Infirmary on the day of departure.