

Only complete this form if your student is bringing medication (prescription or over-the-counter) to Mission Springs Outdoor Education

Medication Form



Student Name _____

School Name _____

Why? Education code 49423 requires:

1. Signed order from your physician (this form)
2. Signed consent by parent/guardian (this form) for a designated school personnel to carry out the physician's instructions
3. Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug

Education code 49480 gives the designated school personnel permission to communicate with the physician and Mission Springs personnel regarding possible effects of the medication.

This section completed by a physician

Patient Name: _____

Medication: _____ Dosage: _____

Frequency: _____


Precautions, Special Instructions, Possible Adverse Effect, Comment: _____

Physician's Name: _____ ★ Physician's Signature: _____

Physician's Address: _____ Physician's Phone: _____

This section completed by parent/guardian

I consent to Education Code Sections 49423 and 49480. My student _____ has my permission to take the above medication to Mission Springs and for the designated school personnel to assist and/or allow him/her to take the above medication as indicated for: (reason for medication)

 Parent/Guardian Signature _____ Date _____