

Linfield Christian High School  
**ADMINISTRATION OF MEDICATION /SPECIAL DIETARY NEEDS  
DURING WINTER MOUNTAIN**



School personnel, if authorized by the responsible administrator, may assist students who must take prescribed medication during WINTER MOUNTAIN.

**1) GENERAL POLICY**

- a) No student shall be given medication during WINTER MOUNTAIN except upon written request from a licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such requests must be signed by the parent of guardian.
- a) A new form is required for each prescription change and at the check in for WINTER MOUNTAIN.
- b) If a student requires special dietary needs, they may bring their own meals/snacks in a cooler to be turned in to the nurse at check in. There will be a refrigerator at camp to store the food.

**2) RESPONSIBILITY OF THE PARENT OR GUARDIAN**

- a) Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
- a) Parents/guardians will assume full responsibility for the supply and transportation of all medications, **including picking up medication upon return from Winter Mountain. Medication remaining after the last day will be discarded.**
- b) Students are not permitted to carry prescribed or over-the-counter medication at WINTER MOUNTAIN.
- c) **Student must be present** to drop off medicine with the nurse at check in on Tuesday morning.

**3) RESPONSIBILITY OF THE PHYSICIAN AND PARENT OF GUARDIAN**

- a) A request form for prescribed medication must be completed by the pupil's physician, signed by the parent of guardian, and filed with the school administrator or his/her designated representative.
- b) The container must be clearly labeled by the physician or pharmacy with the following information:
  - i) Student's name
  - ii) Physician's name
  - iii) Name of medication
  - iv) Dosage, schedule and dose form
  - v) Date of expiration of prescription
- c) Each medication is to be in a separate pharmacy container prescribed for the student by a California physician.

**4) RESPONSIBILITY OF SCHOOL PERSONNEL**

- a) The school administrator will assume responsibility for placing medications in a locked cabinet.
- b) Students will be assisted with taking medications according to the physician's instructions and the procedure.



Linfield Christian High School  
**AUTHORIZATION FOR PRESCRIBED AND OVER-THE-COUNTER MEDICATION  
 ADMINISTRATION AT WINTER MOUNTAIN**

<b>Name of Student</b>	<b>Date of Birth</b>	<b>Grade</b>	<b>Division</b> (circle one) HIGH SCHOOL ONLY
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Education Code 49423 authorizes that any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

The school is not permitted to dispense prescription or nonprescription medication, including aspirin or Tylenol, without prior written consent from a licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such requests must be signed by the parent or guardian. Students are not to have any medication in their possession. Nonprescription medication must be in the original package or container, marked with the student's name, along with the directions for administering the dosage. All prescription medication must be clearly identified with the student's name, in a pharmaceutical container describing the directions for administering the dosage, the time to be administered, the physician's name, and date medication is to be discontinued.

Father/Male Guardian Signature	Home Phone	Work Phone	Date
Mother/Female Guardian Signature	Home Phone	Work Phone	Date

**Physician Authorization**  
 One Medication per Form

Name of Medicine	Health condition for which medicine RX
Time(s) to be taken	Dosage
Method of administration	Precaution-Possible untoward reactions
Date to be discontinued	Physician's Telephone Number (    )
Name of Physician (Please print)	Date
Physician's Signature	

Please return this form to your signed by the physician and the parent or guardian to the Nurse's table at check in for WINTER MOUNTAIN. **No medication will be administered without these required signatures. Please see responsibilities on reverse side.**