

Child's Name _____ (M F) Birthdate _____

In accordance with California Education Code 49423, in order for your child to receive over-the-counter or prescription medication while attending the Web of Life Field School, your child's physician must fill out the following form.

Turn in medication and form directly to your child's classroom teacher.

Medication must be in its original labeled container accompanied by this form completed by a physician. *No medications, including over the counter medications, will be administered without a current physician's authorization AND signature.* Example: no loose pills or vitamins. All need to be in original containers. WOLF School does not provide any medication for its participants. All necessary medications must be sent from home with the student.

TO BE COMPLETED BY PHYSICIAN

Child's name _____

Medication	Dosage and times taken	Condition being treated	Possible side effects

Remarks _____

Physician's Name _____ Date _____

*****PHYSICIAN'S SIGNATURE** _____ *******

License No. _____ Physician's Phone _____

TO BE COMPLETED BY PARENT

PARENT AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

I request that my child, _____, be administered medication as directed by my child's Health Care Provider. My signature below also authorizes the designated staff person/classroom teacher to consult the above named Health Care Provider regarding my child's medical/medication needs. I understand that the medication to be taken during the Web of Life Field School Program must be sent in a pharmacy labeled bottle and I must notify the school if the medicine is changed or stopped.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name (please print) _____ **Phone No.** _____