IMPORTANT

We cannot dispense ANY medication without complete and signed* FORMS

*** Parent / guardian AND Healthcare provider**

WALDEN WEST
MEDICATION INSTRUCTIONS

➢ MEDICATIONS FOR ALL PARTICIPANTS ON CAMPUS

- All vitamins, supplements, lozenges, medicated ointments, over-the-counter or prescribed medicine are considered "medication" at camp.
- Medications must be checked in with the Walden West staff upon arrival.
- Medication must come in original packaging with manufacture/pharmacy label including:
  - Name of medication
  - Strength and dosage listed
  - Expiration date (must not be expired)
  - Prescriptions must include name of participant
- Must be listed on the Walden West **MEDICATION FORM**, signed by a medical professional, and parent/guardian for all minors and high school students.
- It is recommended that parents who elect their minor to self-carry any emergency medications (e.g. albuterol inhalers and epi-pens), provide a backup (second one) to be kept in the program office where staff can find it in an emergency.
- Emergency medications will be removed from their packaging to allow for ease of access during an emergency, to ensure that medications are not expired, and that delivery mechanisms are in working order.

➢ INSTRUCTIONS FOR DISPENSED MEDICATIONS

STEP 1: Complete **MEDICATION FORM;** list all "medications," dosage, route, schedule, and all participant information.

Please only send medications that the participant will need while at camp.

STEP 2: Take the form to your healthcare provider. Your medical professional must sign or stamp the form for approval.

If the form is not correct, we will not be permitted to dispense medication.

STEP 3: Place medication and signed **MEDICATION FORM** in a gallon-sized Ziploc bag labeled with participant's name, school, and teacher*

***Please include school and teacher if your child is attending as part of a school program.**

STEP 4: Turn in medication to Walden West program office.**

****If attending with a school, turn medication in to classroom teacher in advance of trip. Teachers will turn medication in to the Walden West program office.**

➢ ADDITIONAL FORMS IF NEEDED (healthcare provider's signature required on items 2-4)

1. Restricted Dietary Needs Form (allergies/intolerances, or restricted diets)
2. Anaphylaxis Emergency Action Plan
3. Asthma Action Plan
4. Seizure Action Plan

Walden West follows procedures in accordance with California Education Code 49414 Anaphylaxis treatment, 49408 Emergency Information, 49423 Administration of Prescribed Medication for Pupil*, 49480 Notice to School by Parent or Guardian; Consultation with Physician and Santa Clara County Office of Education Board Policy 5141.21 Administering Medication and Monitoring Health Conditions and 5141.27 Food Allergies

***California Education Code Section 49423** provides that any pupil who is required to take medication during the regular school day that is prescribed by a physician (both over the counter and prescription medication) may be assisted by or administered by a trained, nonmedical-designated, school employee if the District receives:

(1) A written statement from the physician detailing the method, amount and time schedule by which such medication is to be taken and

(2) A written statement from the parent or guardian of the pupil indicating the desire that the District assist the pupil in the matter set forth in the physician's statement.

WALDEN WEST MEDICATION FORM

Fax Number: 408 573-3066

UPDATED 4/15/19

Attach Minor's Photo

In order for participant to receive any medications (vitamins, supplements, over-the-counter or prescribed medicine) at Walden West, this form must be completed. A second page may be used if more medication is required. For questions, call our Health Technicians at (408) 573-3063 Saratoga/ (408) 867-1120 Cupertino OR email waldenwest_healthaide@sccoe.org. Please visit our health page for more forms.

Participants Name:	Date Attending:	Birth Date:	Age at Camp:
School/Program:	Teacher:	Height:	Weight:

Name of Medication	**Self Carry*** (Y/N) Epi-Pen/ Resc. Inh only	**Dosage** (mg, ml, tab)	**Route** (Oral, Inhale, Topical)	**SCHEDULE**					**Daily or As Needed** (At Camp)	**Symptoms**	**Possible Side Effects**
				Breakfast	Lunch	Dinner	Bedtime	Other			
				☐	☐	☐	☐		☐Daily ☐ As Needed		
				☐	☐	☐	☐		☐Daily ☐ As Needed		
				☐	☐	☐	☐		☐ Daily ☐ As Needed		
				☐	☐	☐	☐		☐Daily ☐ As Needed		

REQUIREMENTS/INSTRUCTIONS

1. All vitamins, supplements, medicated ointment, cough drops, over-the-counter or prescribed medicine are considered "medication" at camp
2. **Medication will not be dispensed if it is not in the original container.** All medication must come in original packaging with manufacture/pharmacy label and participant name
3. Medication strength and dosage must be listed on the label
4. Expired medications cannot be dispensed
5. **PARENT & HEALTHCARE PROVIDER HAVE SIGNED THIS FORM**
6. Medications are inside a sealed gallon-sized zip lock bag with this form
7. Participant's photo is attached to this form
8. Back up self-carry medications (asthma inhaler, epinephrine, or other emergency medications) brought for program office.

HEALTHCARE PROVIDER SECTION (Signature or Stamp)

Date: _____ Phone Number: _____

Healthcare Provider's Name: _____

Address: _____

Healthcare Provider Approval Stamp:

Healthcare Provider Signature_____

*I request that the participant be allowed to **SELF-ADMINISTER/CARRY their asthma rescue inhaler/epi-pen injector and/or INDEPENDENTLY manage their diabetes** while at Walden West with a Health Care Providers signature. I waive any claims/damages/causes of action if they suffer any adverse reaction or injury out of self-administration/diabetes self-management. I agree that Walden West and its employees/agents are to incur no liability as a result of any injury/personal harm arising from the participant's medication self-administration/diabetes self-management.

PARENT AUTHORIZATION FOR DISPENSING MEDICATION

I request that participant be dispensed medication in accordance with the above information by a member of the Walden West staff. I understand that medication must be sent in the original packaging. I must notify Walden West if the medication is to be changed or stopped. I understand that Walden West is not legally obligated to dispense medication to participant; therefore I hold Walden West and its employees free from any and all suits, which might arise out of these arrangements.

Parent/Guardian Name: _____ Signature:_____ Phone # _____ Date: _____