DUBLIN SCHOOLS

DUBLIN UNIFIED SCHOOL DISTRICT

OUTDOOR ED MEDICATION INFORMATION.

School Kolb Elementary Camp dates 1/22/19 - 1/25/19

Students requiring **any** medication including over-the-counter or prescription, during Outdoor Ed field trip must have *"Medication Authorization and Consent Form"* **OR** *"Action Plan and Consent Form"* (whichever is appropriate) **and** all medication listed on the form as they are written, turned in to the school health office by deadline date. Forms are available for download at the district website. If your child already has medication and forms in the health office, they will automatically be sent to the field trip.

DEADLINE to turn in medication and forms: 1-11-19

Due to high volume of medication received and processing time needed, no medication will be accepted after the deadline date.

DEADLINE to pick up medication after field trip is: 2-1-19 **or will be disposed of.**
Medication will not be sent home with any student. Parent/guardian must pick up.

➤Prescription medication must be in original pharmacy packaging with pharmacy label and not expired.
➤Dosage ranges (ie. 25-50 mg) will not be accepted. Medication must match doctor instruction on form.
➤Medication and forms to be delivered in clear, gallon size freezer bag to: the school health office by a parent/guardian, prior to deadline date. Label all items included with child's name
➤Medication must be picked up by parent/ guardian by deadline date or it will be discarded thereafter.

For questions please call: Katie Phipps x6827 Health Services Assistant

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Parent action required: **Check appropriate box. Sign. Return to child's teacher by:** _____

[ ] MY CHILD NEEDS SPECIALIZED HEALTH CARE SERVICES BY LICENSED NURSE
(REQUIRES NOTICE 4 WEEKS IN ADVANCE OF CAMP DATE)

[ ] MY CHILD ALREADY HAS MEDICATION AND FORMS IN THE HEALTH OFFICE.

[ ] I WILL PROVIDE THE REQUIRED FORM AND MEDICATION BEFORE THE DEADLINE DATE. I AGREE TO THE DISPOSAL OF MY CHILD'S MEDICATION AFTER THE FIELD TRIP, IF NOT PICKED UP BY THE PICK UP DEADLINE DATE.

[ ] MY CHILD DOES NOT NEED ANY MEDICATION FOR OUTDOOR ED FIELD TRIP.

Parent Signature_____ **Date**_____ **Phone**_____

Student Name_____ **Teacher**_____