



Aspire Vanguard College Preparatory Academy
5255 First Street
Empire, CA 95319
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www.aspirepublicschools.org

6th Grade Outdoor Education Information Packet (Including health and medication forms)

The dates of Outdoor Education this year are September 11th-14th

Health and Medication forms are due to the school office no later than August 25th. Students that submit their health and medications forms after August 25th are not guaranteed a spot.

Outdoor Education is \$ 275 and can be made payable to VCPA. If you prefer to use a debit or credit card, the form for that is attached towards the back of this packet for your convenience.

Please retain the documents printed on white paper for your information. The blue documents are turned in directly to the school office no later than August 25th.

Students will travel by bus to and from Foothill Horizons. Students and their labeled luggage must be at the Lion's Den (covered eating area outside the school gymnasium) no later than 8:00AM.

Students will return on September 14th at approximately 2:00PM. Please make arrangements to have your student picked up when the bus arrives; they are very anxious to share with you their very special experiences.

Our 6th grade teachers are truly looking forward to sharing this unique education and social/emotional learning experience with your child.

We sincerely hope that you will consider making this opportunity a reality for your child.

Rose Galloway
Business Manager



PROGRAM DESCRIPTION



Dear Families,

Foothill Horizons Outdoor School offers on a once in a lifetime learning experience for your child. Parents say that their child returns home more mature, and excited to learn about science and nature. During their stay, our goals are for children to grow personally and socially, learn about science and connect to nature in a safe, nurturing environment. We are owned and operated by Stanislaus County Office of Education and have been teaching students for over 50 years. We hope this brief letter will let you know how we will care for your child and the benefits of our program.

SUPERVISION

Children are supervised at all times. Below are the people who will be caring for your child.

- Classroom teachers—your classroom teacher will attend with your child and participate in many activities with your child such as hikes on the trails, eating meals and recess
- Naturalists—the naturalist provides the instruction on the trail and coordinates all activities. They are college graduates and trained to create the most supportive environment for your child.
- High School Counselors—these selected high school students will be helping your child in the dorms, such as getting ready for the day and arriving to hikes on time and prepared. They are trained and coached throughout the week to provide the best care for your child.



FACILITIES

Children live in a heated dormitory building. The dorms are separated into a girls section and a boys section. Each section has its own gender specific bathroom and showering area.

Boys will never be on the girls side of the dorms or girls on the boys side.

The facilities are clean and safe.





MEALS

Meals are cooked onsite and served family style. On the website is the [menu](#). Most children enjoy the food. Our cooks have experience with many food allergies and other special diets.

THE LEARNING EXPERIENCE

Children participate in many first time learning experiences that are remembered for years. Most students excel in the hands-on learning environment. For many children it is the first time dipping their feet into a cool mountain stream, listening to the wind in the trees or watching a squirrel leap from branch to branch. Our Naturalist staff creates a safe environment for students to learn about science outdoors as it happens. For example students learn about the food chain while watching a deer browsing, exploring for signs of animals and digging in the dirt.

In addition to learning science, students learn that they can depend on their classmates and face challenges. These social and personal achievements lead our parents to comment on how mature their child has become during a week at Foothill Horizons Outdoor School.

VIDEOS WWW.FOOTHILLHORIZONS.COM

To learn more about our program please visit our website, follow us on Facebook, Twitter or Instagram, or see the learning in action on our Youtube Channel: [FoothillHorizonsSCOE](#). We recommend the following videos for parents:

- ✓ <https://www.youtube.com/watch?v=WReNg5vtaBQ>
- ✓ In Spanish: https://www.youtube.com/watch?v=ZRz_cNg4AyY

CERTIFICATIONS/INSPECTIONS

- Owned and operated by **Stanislaus County Office Of Education.**
- Certified by the **California Department of Education** as an Outdoor School
- Inspected by the Health Department, Environmental Health Department and California Association of Outdoor Schools

SUPPORTERS





FOOTHILL HORIZONS OUTDOOR SCHOOL

PARENT INFORMATION

Videos, program description, forms, packing list found on our parent page:
<http://www.stancoe.org/SCOE/iss/outdoor-ed/parents.html>

HEALTH CARE PROVIDED

We strive to provide exceptional care for every student who attends the program. On the Student Health Form write any medical needs, medications, and recent illness or injuries. Our health office staff is available to help students between 7am and 9:30pm; 2 trained staff members are on call all night. All staff are trained in CPR and First Aid. Registered School nurse is on site the first day students arrive to establish care plans and review medication administration.

If your child becomes ill or injured while at Foothill Horizons, you will be notified and/or called to pick up your child.

STUDENTS WITH SPECIAL NEEDS & SERIOUS HEALTH CONCERNS

All children deserve the Foothill experience. If your child requires individualized support such as a one to one aide or has a serious health concern, such as diabetes, seizure disorder, heart condition, chronic illness, or severe physical limitations, contact Foothill 6 weeks in advance of your child attending. Additional forms may be required. We welcome all children.

FOOD

Students receive well-balanced meals that are served "family-style." We encourage students to eat all they want but not to waste food. If your child has food s/he cannot eat or is allergic to any food, please write the details on your child's Health Information Form. If your child has a serious allergy or limited food options please contact the kitchen directly: 209-532-6673 x 114

CHILDREN'S MEDICATION

If your child needs to take ANY KIND of medication (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops, etc.), you must have your doctor fill out our "**Request for Administration of Medication at Outdoor School**" form available at your school or by going to our website.

One month before your child attends, start completing the medication form. You will need to:

1. Read and complete the form accurately.
2. Get it signed by your doctor.
3. Package the form and medication in the original container in a bag.
4. Deliver that medication to your school to be reviewed by your school nurse.

BEHAVIOR

Each student and family signs a discipline contract on the Student Health Form. When students break the rules they may receive detention or a step. We have a 3 step discipline process:

- Step 1: The student has a conference with his/her teacher
- Step 2: The student calls home
- Step 3: The student must go home

When a student receives a third step you must pick them up and they go home. Students who commit a serious offense will be sent home immediately for the safety of other students. Students sent home for discipline will not receive a refund.

HOUSING

Children stay in our heated dormitory buildings. The beds are furnished with mattresses but not pillows. For more information, please visit our website.

CONTACTING YOUR CHILD AT FOOTHILL

Outdoor school provides an excellent opportunity for students to gain independence in a supportive, safe environment. Children are not allowed to have cell phones, which can be concerning for parents. We will contact you in the event of an emergency, illness or injury.

FACEBOOK: while your child is at Foothill, staff will post pictures on our public Facebook account

VISITING: We do not have visitation hours during the week; however, if you would like to see the site please attend one of our open houses held twice a year.

TELEPHONE: Please do not call your child except in case of real emergency. Due to the number of students who attend the program we discourage students from calling home; however, if there is a any concerns a staff member will call you

MAIL: Send your child a letter!
Write on the envelope:
Your Child's Name, Your Child's School
Foothill Horizons
21925 Lyons Bald Mountain Rd.
Sonora, CA 95370-8770

BED BUGS

More than 7,000 people visit Foothill Horizons during the course of a year, and occasionally they unintentionally bring bed bugs with them. We are contracted with Clark Pest Control to treat and inspect for Bed Bugs monthly. Every weekend our staff inspects all dorms and also during your child's stay. We believe in honesty and will notify you of any suspicion of bed bugs.

For best practice, we strongly encourage families to:

BEFORE AND AFTER your child's trip:

1. Visually inspect items for bugs.
2. Tumble dry bedding and luggage in a clothes dryer on high heat for 30 min.
3. Spray all non-washable luggage with alcohol-based spray (such as Lysol).

For more information about and pictures of bed bugs <http://www.extension.umn.edu/garden/insects/find/bed-bugs-in-residences/>.

PACKING LIST

Pack clothes that can get dirty!
Your child will be exploring and learning in an outdoor classroom.
Please **label** items with your child's name.

ESSENTIAL ITEMS:

- | | |
|--|---|
| <input type="checkbox"/> Sleeping bag OR 3 blankets and 2 sheets | <input type="checkbox"/> 1 pillow with case |
| <input type="checkbox"/> 2 pairs of close-toed shoes | <input type="checkbox"/> 2-3 pairs of pants |
| <input type="checkbox"/> Hiking boots or extra pair of sneakers | <input type="checkbox"/> 1 pair pajamas |
| <input type="checkbox"/> Rain coat with hood or poncho | <input type="checkbox"/> 6 pairs of socks |
| <input type="checkbox"/> 3-5 T-shirts | <input type="checkbox"/> 5 underpants |
| <input type="checkbox"/> 1 warm shirt or sweater | <input type="checkbox"/> 1-2 pairs shorts, if needed |
| <input type="checkbox"/> 1 warm jacket | <input type="checkbox"/> 2-3 long sleeve shirts |
| <input type="checkbox"/> Gloves/mittens (winter) | <input type="checkbox"/> Cap or sun hat (warm hat for winter) |
| <input type="checkbox"/> Hairbrush | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Lip balm | <input type="checkbox"/> Body wash/soap |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> 2 small packs of tissues |
| <input type="checkbox"/> 1 large bath towel | <input type="checkbox"/> 1 wash cloth |
| <input type="checkbox"/> Sanitary napkins, if needed | |
| <input type="checkbox"/> Water bottle! | <input type="checkbox"/> 2 large heavy-duty trash bags |

Don't forget warm layers! It can get be much colder in the Foothills than in the valley.

OPTIONAL ITEMS

- | | |
|---|--|
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Envelopes, stamps, post cards |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Notebook and pencil |
| <input type="checkbox"/> Insect repellent (non-aerosol) | <input type="checkbox"/> Bedroom slippers |
| <input type="checkbox"/> Bathrobe | <input type="checkbox"/> Hand lotion |

ITEMS THAT MAY NOT BE TAKEN

- | | | |
|--|-------------------|---------------|
| • Money | • Candy/ gum | • Knives |
| • Electronic devices (phone, iPod, etc.) | • Athletic equip. | • Aerosols |
| • Curling Irons | • Makeup | • Mousse |
| • Gel | • Hair Spray | • Hair dryers |

DRESS CODE

- No gang attire
- No midriff or spaghetti-strap shirts
- Hats are allowed if worn forward
- No bandanas
- All clothes must be able to get dirty



FOOTHILL HORIZONS

PACKING LIST

*Pack clothes that can get dirty! Your student will be exploring and learning in an outdoor classroom.
Please label items with your child's name.*

ESSENTIAL ITEMS:

- | | |
|---|---|
| <input type="checkbox"/> 2 large heavy-duty trash bags to protect bedding | |
| <input type="checkbox"/> sleeping bag OR 3 blankets and 2 sheets | |
| <input type="checkbox"/> 2 pairs of close-toed shoes | <input type="checkbox"/> 3 pairs of pants |
| <input type="checkbox"/> rubber or water-repellent shoes | <input type="checkbox"/> 1 pair pajamas |
| <input type="checkbox"/> rain coat with hood or poncho | <input type="checkbox"/> 6 pairs of socks |
| <input type="checkbox"/> 4 T-shirts or undershirts | <input type="checkbox"/> 5 underpants |
| <input type="checkbox"/> 1 pair long underwear (winter) | <input type="checkbox"/> sunscreen |
| <input type="checkbox"/> 1 warm shirt or sweater | <input type="checkbox"/> 1 warm jacket |
| <input type="checkbox"/> cap or sun hat (warm hat for winter) | <input type="checkbox"/> 1 pillow with case |
| <input type="checkbox"/> gloves/mittens (winter) | <input type="checkbox"/> hairbrush |
| <input type="checkbox"/> toothbrush and toothpaste | <input type="checkbox"/> lip balm |
| <input type="checkbox"/> body wash/soap | <input type="checkbox"/> shampoo |
| <input type="checkbox"/> 1-2 pairs shorts, if desired | <input type="checkbox"/> 1 wash cloth |
| <input type="checkbox"/> 3 long sleeve shirts | <input type="checkbox"/> 1 large bath towel |
| <input type="checkbox"/> 2 small packs of tissues | <input type="checkbox"/> stamped envelopes |
| <input type="checkbox"/> sanitary napkins, if needed | <input type="checkbox"/> water bottle! |

Don't forget warm layers! It can get be much colder in the Foothills than in the valley.

OPTIONAL ITEMS

- | | |
|---|--|
| <input type="checkbox"/> Camera | <input type="checkbox"/> notebook and pencil |
| <input type="checkbox"/> insect repellent (non-aerosol) | <input type="checkbox"/> bedroom slippers |
| <input type="checkbox"/> bathrobe | <input type="checkbox"/> hand lotion |

ITEMS THAT MAY NOT BE TAKEN

- Money • Candy or gum • Knives • Athletic equipment
- Electronic devices (phone, iPod, etc.) • Aerosols • Hair dryers
- Curling Irons • Hair Spray • Makeup • Mousse • Gel

DRESS CODE

- No gang attire • No midriff or spaghetti-strap shirts • Hats are allowed if worn forward • No bandanas • All clothes must be able to get dirty

Outdoor School & Bed Bugs: Packing for Prevention

Attending outdoor school is an exciting time for children. Making new friends, exploring nature, and trying new things are all part of the outdoor school experience and create memories that will last a lifetime. However, along with all the good parts of outdoor school, a pesky little bug can also be part of the experience. In recent years, bed bugs have increased greatly in North America. They are often found in hotels, multi-unit dwellings, and other structures that house people for short periods of time. While bed bugs may be a nuisance, they do not transmit disease to people. The good news is that there are simple steps that can be taken to help ensure that children do not bring bed bugs to outdoor school or back home. Although we only have a few cases a year among the more than 5000 students attending, we want to suggest some steps you can take to reduce that number to zero. We're doing our part to eliminate this pest here; please help us by following the packing advice given below:

PACKING FOR OUTDOOR SCHOOL

- √ **Visually inspect items for bugs.** Take sleeping bags, blankets, and luggage out of storage, place them outdoors, and inspect them carefully for any signs of bugs or eggs.
- √ **Tumble bedding and luggage in clothes dryer.** Place bedding or luggage in the clothes dryer and tumble them on a high heat setting for 30 minutes. The heat from the dryer kills bed bugs and eggs. For items that cannot be placed in a dryer, vacuuming or cleaning with soap and water or alcohol based cleaning products will kill bed bugs.
- √ **Use a heavy gauge garbage bag as a liner in luggage.** Place all clothing inside the liner and tightly twist and knot to seal. This will help keep bed bugs out of clothing. In addition, place bedding in a separate garbage bag. Duffle bags are recommended as they can be placed in a dryer, unlike suitcases.
- √ **Pack extra garbage bags.** Be sure to pack two extra garbage bags for your child. One bag will be used for all dirty clothing and the other will be used for dirty bedding. **Label these** with your child's name.
- √ **Repellents.** Children may use insect repellent during the day to protect against mosquitoes and ticks. Repellents should not be used while sleeping. To protect a child's belongings from bed bugs, products containing permethrin which are labeled for use on fabrics can be applied to backpacks, duffle bags, and the outside of sleeping bags. Always follow the label directions when applying permethrin products.

COMING HOME FROM OUTDOOR SCHOOL

- √ **Inspect items before you bring them indoors.** Inspect items that cannot be placed in a washer/dryer for evidence of bed bugs outdoors and clean if necessary before bringing them indoors. Place bedding and clothes stored in garbage bags directly into the washer/dryer. Dispose of the plastic bag outdoors.
- √ **Clean all items returned from outdoor school.** For items that can be laundered, use a hot water setting and tumble dry on high heat for at least 30 minutes. For items that cannot be laundered, such as suitcases, vacuuming or cleaning with soap and water or alcohol based cleaning products are other options.
- √ **Wipe off shoes.** Use rubbing alcohol or soap and water to wipe off the bottoms of shoes.

If you have any questions, please feel free to contact us at 209-532-6673.
More at <http://www.extension.umn.edu/distribution/housingandclothing/dk1022.html>



FOOTHILL HORIZONS OUTDOOR SCHOOL HEALTH INFORMATION



FORM MUST BE COMPLETED AND SIGNED IN INK BY PARENT OR GUARDIAN

Name of Student _____

Date Of Birth _____

Male

School _____

Teacher _____

Female

PLEASE CHECK A BOX FOR EVERY QUESTION AND EXPLAIN ANY YES ANSWERS.

YES NO

1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, convulsive seizures, hearing or vision loss, etc.? Describe:

2. Does your child have any behavioral or learning diagnoses? Describe:

3. Does your child take any medications?

If YES, you **MUST** have the "Request for Administration of Medication at Outdoor School" form completed and signed by your child's Health Care Provider for **BOTH** prescription and over the counter medications (i.e. Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

4. Does your child have any **serious allergies** to foods, insect stings, medications, or other substances? If YES, what is s/he allergic to?

Is this allergy life threatening? ___ yes ___ no Epi Pen needed? ___ yes ___ no

Is this allergy from: Contact/touch Ingestion/eating Airborne/inhalation

5. Are there foods your child CANNOT eat? _____

(Please call the Foothill Kitchen if you have concerns—209-532-6673)

6. Are there any limits to your child's **physical activity** (broken limbs, adapted PE, etc.)? If YES, please ask your Health Care Provider to fill out the **Limited Activities List** (found on the Parents' Page at www.foothillhorizons.com).

5. Is your child covered by **health insurance**? If YES, please list carrier and policy number.

Carrier: _____ Policy Number: _____

If your child takes **MEDICINE**, s/he will **not be able to attend** outdoor school unless your Health Care Provider correctly completes the "Request for Administration" form (found on the Parents' Page at www.foothillhorizons.com). Your school's supervisor of health must review the "Request" form(s) and sign them before your child attends. All medication must be delivered to your child's school in a pharmacy-labeled container with the child's name, name of medication, and instructions for administration on the label. If you have questions about medications please contact our health office: 209-532-6673.

PLEASE FILL IN COMPLETELY:

STUDENT'S NAME _____ Date of Birth _____

Student's Address _____
Street City Zip Primary/Home Phone

Parents' / Legal Guardians' Names _____
(If more than one adult, please list both names)

Mailing Address _____

Work Phone #1 () _____ Work Phone #2 () _____

Cell () _____ E-mail _____

Emergency Contacts: people who, in an emergency, can find you or accept responsibility for your child if s/he needs to be picked up.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name of Child's Doctor _____ Phone # _____ Fax # _____
(If none, state "None")

We need to know if your child is protected against tetanus. Has your child had a recent diphtheria, pertussis, tetanus (Tdap) immunization or diphtheria, tetanus (Td) immunization? ___ Yes ___ No

If YES, when was the last booster given? Date Month: _____ Day: _____ Year: _____

AUTHORIZATIONS AND DISCIPLINE POLICY AT FOOTHILL HORIZONS

A THREE-STEP DISCIPLINE POLICY IS USED AT THE OUTDOOR SCHOOL:

FIRST OFFENSE: The student will have a conference with his/her teacher.

SECOND OFFENSE: The student will call and tell you how he/she has misbehaved.

THIRD OFFENSE: The student will call to tell you that you need to take him/her home.

I have read and understood the above consequences for breaking the rules established at the Outdoor School, and I understand that I will be required to transport my child home immediately should a third offense take place. Students sent home for discipline will not receive a refund.

Parents will be notified of any illness or injury to their child and appropriate care will be given. In the event of an emergency in which I cannot immediately be reached, I authorize medical and/or surgical care for my child while he/she is attending or en route to or from the Stanislaus County Office of Education Program.

I understand that if it is determined that my child has a communicable disease, fever, live lice, or is unable to participate in the program I will be required to **transport him/her home immediately.**

I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to **photograph, record, or videotape** my child's image and voice. I understand and agree that this may include his or her likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to, any cause of action related to invasion of privacy.

Signature of Parent or Legal Guardian

Signature of Student

**IMPORTANT: THIS FORM MUST BE SIGNED IN ORDER FOR YOUR CHILD TO ATTEND
FOOTHILL HORIZONS OUTDOOR SCHOOL.**



REQUEST FOR ADMINISTRATION OF MEDICATION AT OUTDOOR SCHOOL

Foothill Horizons' FAX: (209) 532-0019; TEL: (209) 532-6673

Student: _____ Birth Date: _____ Male__ Female__

School: _____ Teacher: _____ Grade: _____

Parents: please see instructions on opposite side. Make copies if more than one medicine is required.

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Medication name: _____ Strength (mg, ml, mcg): _____

Dose (# of tabs, puffs, etc.): _____ Method of Administration: _____

Time of Administration (circle if appropriate): 8:20 am noon 6:20 pm 9 pm Other: _____

Start: __ immediate __ other date: _____ Stop: __ end of year __ other date/duration: _____

PRN (prescribed as needed): symptoms _____

Reason for Medication: _____ Special storage requirements: __ refrigerate __ none

Restrictions and/or important side effects: __ none anticipated __ yes—please describe: _____

**REQUEST FOR SELF-ADMINISTRATION OF INHALERS AND EPI-PENS
(Only for auto-injectable epinephrine or inhaled asthma medication)**

This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication. __ Yes—unsupervised __ Yes—supervised __ No—please indicate why: _____

This student may carry medication: __ Yes __ No Please indicate additional information: _____

Health Care Provider's Name: _____

Health Care Provider's Signature: X _____ Date: _____

Address: _____ Phone #: () _____

TO BE COMPLETED BY PARENT OR GUARDIAN

PARENT/GUARDIAN CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL
Parent(s)/guardian(s) of _____, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled container.

Parent/Guardian Signature: X _____ Date: _____ Phone #: () _____

**PARENT/GUARDIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION
(Only for auto-injectable epinephrine or inhaled asthma medication)**

I hereby consent for my child, _____, to self-administer the following medication while attending Outdoor Education at Foothill Horizons. I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue Stanislaus County Office of Education, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.
Please check appropriate medication: __ Inhaled asthma medication __ Auto-injectable epinephrine

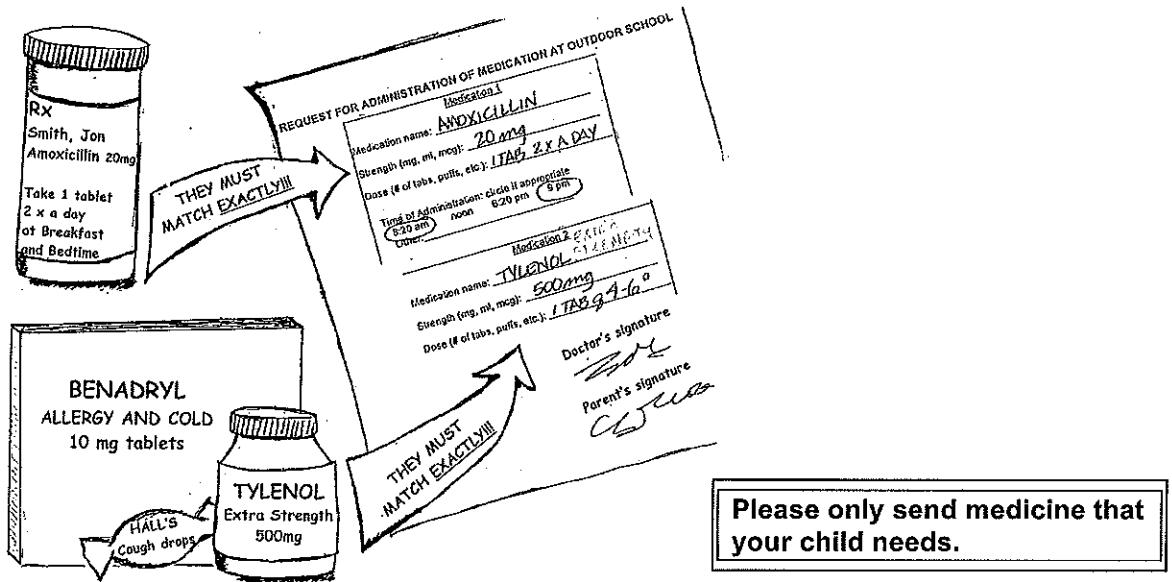
Parent/Guardian Signature: X _____ Date: _____ Phone #: () _____

Reviewed by School Nurse _____ Date: _____

Continued on back

PARENTS: If you want your child to take ANY KIND of medicine (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops etc.) follow the steps below. If medication forms are not filled out completely and correctly, your child **will NOT be allowed to attend** Foothill Horizons.

1. Have your child's Health Care Provider (H.C.P) fill out the appropriate form(s). The label on the medicine and what the H.C.P writes on the form must match exactly. If a dosage or scheduled time has changed since the medication was first prescribed, the doctor should call in a new prescription and the pharmacist should print out a new medication label with the current and accurate information to match the H.C.P's prescription. **The Health Care Provider must fill the form out completely and must sign all forms including those for over the counter drugs.**
2. **All medication forms must have a parent/guardian's signature.** Check that you have signed the paperwork.
3. Put all your child's medications in one Ziploc bag. Write your child's name on any medication that does not have a label on it such as over-the-counter drugs. Write your child's name and school on the bag. Have the school nurse check the medication and paperwork prior to the departure day. Give the labeled bag of medicines to your child's teacher on the departure day.



California Code of Regulations, Title 5, Education Article 4.1: Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day §600. Authorization

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

(a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.

(b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

CEC. 49423. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b)

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

Section 49423.1 is added to the Education Code, to read:

CEC. 49423.1. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.