



Outdoor Education Medication Consent Form 2023-2024

Student's Full Name: _____

Fall Grade: _____

If your OVS day student MUST receive medication (including vitamins, supplements, medicated ointments, over-the-counter or prescription medicine) during his/her outdoor education trip, please complete this form and bring it along with the medication to the Health Center or trip leader one week prior to the departure date. Please ensure the following:

1. All medications must be in their original packaging including pharmacy bottle with prescription label attached or original manufacturer's packaging. Do not prepare daily doses in a pill organizer or baggie.
2. The instructions on this form must match the instructions on the prescription label or manufacturer directions. If a different dose is desired, this requires a written note signed by the child's physician.
3. Please send only the amount of medication that will be used during your child's trip.
4. Unless requested otherwise, empty medication packaging will be disposed of following your child's trip.

Medication Name	Dose (mg, tablets)	Daily or As Needed	Time (s)	Reason	Staff Initials
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		

Parent/Guardian Authorization: I give my consent to Ojai Valley School Staff to dispense the above medication(s) to my child/student during their OVS outdoor education trip.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Phone Number: _____