

PHYSICIAN INFORMATION FORM
WALDEN WEST BACKPACK ADVENTURES (WWBA)
INFORMATION REQUEST FORM FOR ALL MEDICATION
TO BE USED BY A PARTICIPANT ON A BACKPACK TRIP

PART 1 TO BE COMPLETED BY CHILD'S PHYSICIAN
 PART 2 TO BE COMPLETED BY PARENT OR GUARDIAN

In accordance with California Education Code, in order for your child to take over-the-counter or prescription medication while attending a WWBA program, the following must be filled out and signed by the child's physician and parent or guardian. Medication may be carried and taken by the backpack participant as long as this form is properly filled out and on file with the rest of their paperwork. Trip leaders must be aware of what medication is being taken, when it is being taken, and the dosage.

PART 1 TO BE COMPLETED BY PHYSICIAN

PARTICIPANT: _____ BIRTH DATE: _____ TRIP NAME/DATE: _____

Medication Name	Dosage (Ex. 1 Tab, 10 mg.)	Route (Ex. Oral, inhale, topical)	Frequency (Ex. 2 x Day)	AM/ PM/ As Needed	To Be Continued Until	Possible Reactions to Medication	Condition(s) for Given Medication

PHYSICIAN'S NAME: _____ DATE OF REQUEST: _____

PHYSICIAN'S SIGNATURE: _____

PHONE NUMBER: _____

ADDRESS: _____

PART 2 TO BE COMPLETED BY PARENT OR GUARDIAN

AUTHORIZATION FOR USE OF MEDICATION

I give my child, _____, permission to use medication in accordance with the above information. I understand that the medication to be taken during the WWBA program must be sent in a pharmacy-labeled bottle or original packaging and I must notify WWBA if the medicine is to be changed or stopped.

I understand that WWBA may not administer personal medication, and agree to hold Walden West, the Santa Clara County Office of Education, and its employees free from any or all suits which might arise out of this arrangement.

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