



January 9, 2017

Dear Parents,

Our Catalina trip is just three-and-a-half weeks away! Attached is a LUSD Medical form for any student that will need medication while on the Catalina field trip. This form must be filled out by a physician and returned by January 25<sup>th</sup>.

**Important information regarding any medication for Catalina:**

- We cannot give students any medication on the bus or the boat without a **prescription**.
- This includes all over the counter medication for motion/sea sickness. (We suggest that you give your child motion sickness medication before they leave the house on the day of the trip. Use the 12 hour, less drowsy type.)
- If your child has asthma, or *has ever had* asthma in the past, they must bring a prescribed inhaler. (Give to school nurse.)
- If needed, please use the attached medical form for **ANY medication** that you want/need to send with your child. (even Tylenol, Sudafed, and Dramamine type products.)
- Ask your **doctor** to fill out the form, including instructions for administering it, and return the signed form, instructions, and medication to the Buena Vista office no later than **Wednesday, January 25<sup>th</sup>**.
- If you need additional forms you can pick them up in the office.
- Our school nurse will answer any questions regarding medication.
- She will be documenting and organizing all of the medication that we take along with us.
- On the CIMI medical form, there is a place for you to give permission for your child to be given over the counter medications, as needed, in the first aid room at the CIMI campus on Catalina. **This is separate** from medications needed on the bus/boat and any prescriptions your child may need to bring along.
- **PLEASE SEND ALL MEDICATIONS AND FORMS BY JANUARY 25<sup>th</sup>, AS WE CANNOT TAKE MEDICINE FROM YOU ON THE MORNING OF THE TRIP.**

We will send you more information about our trip in the coming days. Let us know if we can answer any questions.

Looking forward to a great trip,

The Fifth Grade Teachers

-The attached form needs to be filled out if you are sending any medication for our nurses to give to your child, including sea sickness meds. Thank you!

**LOMPOC UNIFIED SCHOOL DISTRICT**  
**HEALTH SERVICES**  
**SERVICIOS DE SALUBRIDAD**

**PHYSICIAN'S DIRECTIVE FOR STUDENT RECEIVING MEDICATION AT SCHOOL**  
**INDICACIONES DEL MEDICO PARA QUE EL ESTUDIANTE RECIBA MEDICAMENTO EN LA ESCUELA**

California Education Code provides that any student required to take, during the regular school day, medication prescribed for him by a physician, can be assisted by designated school personnel if the school receives the following written information:

*El Código Educativo de California provee que cualquier estudiante que requiere tomar medicamentos recetados por su medico durante el día regular de clases, sea atendido por personal escolar designado si la escuela recibe la siguiente información por escrito:*

Student's Name \_\_\_\_\_ School \_\_\_\_\_  
*Nombre del Estudiante Escuela*

**Medication** \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

When to be given (frequency): \_\_\_\_\_

Effects to observe: \_\_\_\_\_

Side effects: \_\_\_\_\_

Discontinuation date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

Stamp

Phone Number: \_\_\_\_\_

**Parent or Guardian's Permission:** \_\_\_\_\_

I hereby request that the school nurse or other designated personnel administer the above prescribed medication to my child \_\_\_\_\_ as directed by the physician. I also grant permission for the school nurse to contact above physician as necessary.

Parent's Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

**Permiso del Padre de Apoderado:** \_\_\_\_\_

*Por medio de la presente solicito que la enfermera escolar u otro personal designado administre la medicina recetada arriba a mi estudiante \_\_\_\_\_ de acuerdo a las indicaciones del medico. También doy permiso a la enfermera escolar para comunicarse con el doctor mencionado cuando sea necesario.*

Firma del Padre \_\_\_\_\_

Dirección \_\_\_\_\_ Fecha \_\_\_\_\_