

**RIVERSIDE UNIFIED SCHOOL DISTRICT  
MEDICATION ORDER 26-9050a FOR FIELD TRIP**

*Please return this form to your child's school (copy to health office) signed by the physician and the parent/guardian.  
(This form is only for students that take medicine at home or do not have medication administration form/s on file at the school).*

**MEDICATION ORDER MUST BE COMPLETED BY THE PHYSICIAN**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*Pursuant to California Code #49423 all medications including over the counter medication brought to the field trip must be accompanied by a physicians order signed by the Physician and the Parent.*

*These orders must include an administration time and cannot be general in nature. Any failure to comply with this code will result in the sent medication not being administered.*

*Student may carry Epi-Pen and/or Asthma Inhaler with physician and parent authorization.*

Name of Medicine	Medication prescribed for which health condition:
PRN Medications • Symptoms _____ • Frequency _____ • Indications for Medical Evaluation _____	Time(s) to be taken:
	Dosage:
Method of Administration:	Precaution – Possible reactions:
Date to be Discontinued	Physician's Telephone Number
Name of Physician (Please Print)	Physician's Signature <span style="float: right;">Date</span>

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## DISTRITO ESCOLAR UNIFICADO DE RIVERSIDE FORMULARIO DE CONSENTIMIENTO PARA EXCURSIÓN ESCOLAR

*Please return this form to your child's school health office signed by the physician and the parent or guardian.*

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