



Foothill Horizons Outdoor School

Tom Changnon, Superintendent
21925 Lyons Bald Mtn. Rd • Sonora, CA 95370-8770 • (209) 532-6673 Fax: (209) 533-1390

I, the undersigned parent/guardian of student, _____, do hereby certify that the medication (s) _____

_____ is/are not essential for the preservation of my child's health, and do hereby give permission to the staff of Foothill Horizons Outdoor School to not administer this medication to my child during his/her stay at the outdoor school.

Signed _____ Date _____

Please fax this form to the Foothill Horizons Health Office at 209-533-0019. Thank you!