

BRISTOL WARREN REGIONAL SCHOOL DISTRICT

MEDICATION CONSENT FORM

School _____ Grade _____ Date of Birth _____

Student Name _____

Address _____ Home Phone Number _____

I understand that special permission is required for the use of medication by students during school hours. I authorize that my child be given the medication described below. I give permission for my child to self carry and self administer their own EPIPEN and inhaler with physician's orders and school nurse's approval. I have read and agree with the School District's protocol regarding my child's use of medication on field trips and off site school sanctioned activities. (See attached parent information sheet).

Parent/Guardian Signature _____ Date _____

This section to be completed by physician

I request that the following medication be administered to my patient as directed:

Name of Patient _____

Name of Medication _____

Amount of Medication _____

Time to be Administered _____

Period to be Administered _____ to _____
(Date) (Date)

Reason for Medication _____

Possible side effects of Medication _____

My patient is allowed to self carry and self medicate their own EPIPEN and inhaler with parent's consent and school nurse's approval.

This child is authorized to self carry and self administer a day's supply of medication during a field trip or an offsite school sponsored activity. (See attached Physicians Information Sheet).

Physician's Signature _____ Date _____

BRISTOL WARREN REGIONAL SCHOOL DISTRICT

PHYSICIANS INFORMATION SHEET

Bristol Warren Regional School District will follow the recommendations found in section of the new Rules and Regulations for School Health Programs for the State of Rhode Island.

Medication Administration at Off-site School-sponsored Activities

Each school district or non-public school authority shall develop a procedure or protocol to allow students to self-carry and self-administer a day's supply of medication, including a controlled substance, during an off-site school-sponsored activity (e.g., field trip). Said medication shall be supplied by the parent and shall be stored and transported in a properly labeled container.

Said medication shall be supplied by the parent with a parent's written authorization for use of the medication during the off-site school-sponsored activity and shall be stored and transported in its original prescription-labeled container (in case of a prescription medication) or its manufacturer-labeled container (in the case of a non prescription medication).

In the case of a prescription medication, a licensed health care prescriber's written order shall be provided, if it is not already on file in the school.

A student shall be prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person.

No school teacher, school administrator, or school health personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions which may constitute ordinary negligence when a student self-carries and/or self-administers his/her own medication(s) in accordance with these rules and regulations. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.

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PARENT INFORMATION regarding MEDICATION ADMINISTRATION **On field trips and off site school sponsored activities**

Rules & Regulations of School Health Programs for the State of Rhode Island have changed the policy for students who take daily medication at school.

A student who has written authorization from their parent/guardian will be allowed to self carry and self administer a day's supply of medication on an off site school sponsored activity or field trip.

On the Day of the field trip:

The dose of medication to be administered **must** be sent in by the parent/guardian.

The medication **must** be in its original prescription labeled container.

Please Keep This Instruction Sheet for Future Reference