

WESTERLY PUBLIC SCHOOLS

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Authorization for Medication to be Taken During School Hours

School _____ Grade/Teacher _____

Child's Name _____ DOB _____

Physician's Name/Address _____

Phone _____ Fax _____

PARENT/Guardian:

I HEREBY CONSENT THAT THE School Nurse Teacher give my child the medication ordered below by the prescribing Medication Authorization Form physician in accordance with the Westerly Public Schools' Medication Policy 5020. By signing this consent, it is understood that the school nurse teacher, registered nurse or school department physician may verify this order by contacting the prescribing physician.

Date: _____ Parent/Guardian _____

Home Phone: _____ Emergency Phone _____

PHYSICIAN:

Diagnosis for which medication is given: _____

Name of Medicine _____ Dosage _____

Method of administration _____

If medicine is to be given daily, at what time? _____

Length of time this is ordered _____

Special instructions: _____

Is the child authorized to medicate him or herself in accordance with school protocol: **YES or NO**

Date _____ Physician's Signature _____

Date _____ Received by School Nurse Teacher _____

Date _____ Parent/Guardian Signature _____

Field Trip ONLY: (for students who do not normally have self-carry privileges)

_____ does/does not have permission to self carry/self administer the above ordered medication when on a school sponsored activity/field trip.

Please note:

- Field trip medications are to be stored and transported in the originally labeled prescription/OTC container.
- No more than a single dose or doses required for the duration of a trip are to be in the container.
- No school employee 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 in accordance with these rules and regulations.
- Students are prohibited from sharing, transferring or in any way diverting his/her medication to any other person.

see reverse side

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In the event a School Nurse Teacher/ Registered Nurse is not present when your child may incur an identified acute allergic reaction, his/her Epi-pen/Epi-pen Jr / Avi-Q will be immediately administered by an adult present. The 911 EMS System will also be initiated at this time.

It is not possible to follow a medication administration order prescribing Benadryl prior to Epi-pen/Epi-pen Jr / Avi-Q by anyone other than a School Nurse Teacher or Registered Nurse.

ALL MEDICATIONS, including over the counter (OTC) medications and supplements, require a physician's order for self-carry administration. (For example: Motrin, Tylenol, Excedrin Migraine, Benadryl, Melatonin)

Date _____ Parent/Guardian Signature _____

Amended 3/15/2023

Westerly Public Schools does not discriminate on the basis of age, sex, race, religion, national origin, color or disability.

If special accommodations are needed call 315-1500, 48 hours in advance.