Westerly School Department

Authorization for Medications to be Taken During School Hours
(Pharmacy-labeled containers only) WO 123

School____ Grade/teacher____________________________

Child's Name__________________________________ M/F DOB_________________________________
(Last) (First)

Physician's Name/Address____

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To be completed by the **PARENT**:
I hereby consent that School Nurse Teacher give my child the medication ordered below by the prescribing physician in accordance with the Westerly School Department's Medication Policy 5101.1.

Date_____________________________ Parent/Guardian_______________________________________

Home Phone______________________ Emergency Phone________________________

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To be completed by the **Physician:**

Diagnosis for which medication is given:____

Name of Medicine_____________________________________ Dosage___________________________

Method of administration____

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

If there is any reason why the medication must be given at a specific time and not the present standard flexibility of 1/2 hour please specify.____

If medicine is to be given **"when needed"** describe indications:

____

How soon can it be repeated?____

List significant side effects.____

Length of time this is ordered.____

***Is child authorized to medicate him/herself**?____

(Self medication applies only to inhalers and Epi-pens and is at the School Nurse Teacher's discretion.)

Additional information____

*__Note: In the event a School Nurse Teacher is not present when your child may incur an identified acute allergic reaction, his/her Epi-pen/Epi-pen Jr. 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 by anyone other than a School Nurse Teacher.__

Date______________________ Physician's signature____

Date______________________ Received by School Nurse Teacher_______________________________

Amended: May 8, 1997
Amended: March 10, 2000

The Westerly School Department does not discriminate on the basis of age, sex, race, religion, national origin, color, or disability.
If special accommodations are needed call 596-0315 48 hours in advance. TTY 800-745-5555