



Westerly High School: School Health Clinic
 23 Ward Avenue
 Westerly, RI 02891
 401.315.1599 Fax: 401.315.1586

My Child _____ Grade: _____

Has permission to self-carry / self-administer their medication (s):

1. _____
2. _____

In school and during any school activity.

 Parent Signature Printed Name Date

Received / Reviewed by the School Nurse Teacher: _____
 Signature Date

Parent / Guardian please note:

- **Said medications shall be supplied by the parent / guardian** and shall be stored and transported in a prescription – labeled container. If the healthcare prescriber’s written order is not already on file in the school, it must be provided by the parent / guardian and submitted to the school nurse teacher.
- This form must be completed and submitted to the school nurse teacher prior to a field trip.
- **Any prescription medication must be accompanied by a MED AUTH form signed by a physician.**
- No school teacher, school administrator, 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.
- A student shall be prohibited from sharing, transferring, or in any diverting way his/her own medications(s) to any other person.