

Westerly Public Schools
Authorization for Medications to be taken during School Hours
(Pharmacy-labeled containers only) WO 123

School: _____ Year of Graduation _____

Student Name: _____ DOB: _____

Physician's Name and Address: _____

To be completed by **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: _____

To be completed by **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 ½ 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 student 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: _____

POLICY RELATING TO THE ADMINISTRATION OF MEDICATION TO CHILDREN IN SCHOOL

This policy is established to govern the administration of medication to students by school nurse teachers during school hours*. The medication must be in a pharmacy-labeled container and will be kept in the school health room in a locked storage cabinet. Medication may be dispensed only by the school nurse teacher. Medications which may be purchased over the counter are not allowed without a physician's authorization.

Parents are requested, whenever possible, to schedule the administration of medication outside of the normal school day.

1. The administration of such medication is requested, in writing, by the student's attending physician
AND
2. The parent or legal guardian of the student had authorized, in writing, the administration of such medications,
AND
3. The physician's written request and parent/legal guardian's authorizations is delivered to the school office where the student is attending
AND
4. The medication is brought to the school by the parent / legal guardian in a pharmacy labeled container.

Authorization forms, to be completed by the physician and the parent/legal guardian, shall be available at the school where the student is attending. FORMS MUST BE COMPLETED EACH SCHOOL YEAR.

Students with special medication needs attending a field trip may self-carry and self-administer medication with proper documentation and completed field trip form. Students may not be excluded from field trips activities because of medical conditions.

At the discretion of the school nurse teacher and with the physician's signature, students may be allowed to self-carry and self-medicate with Epi-pens and inhalers.

Parent or legal guardians shall contact the school nurse teacher and the student's school to discuss the student's medication needs, particularly when a student's condition is chronic and requires long-term medication.

The Superintendent of Schools shall develop and disseminate appropriate implementation procedures for this policy.

* School hours begin when students are picked up by the bus to the time they are returned by the bus.

Adopted: May 19, 1982
 Amended: November 10, 1995
 Amended: March 10, 1996
 Amended: May 8, 1997
 Amended: March 10, 2000