<u>Westerly School Department</u>
Authorization for Medications to be Taken During School Hours (Pharmacy-labeled containers only) WO 123

School		(Grade/teacher			
Child's Name			DOB			
(Last)	(First)					
To be completed by the PARENT:						
I hereby consent that School Nurse	Teacher give my chi	ld the medic	ation ordered below by the prescribing			
physician in accordance with the W	esterly School Depar	rtment's Med	dication Policy §5101.1.			
Date	Pare	ent/Guardian	l			
Home Phone	Em	Emergency Phone				
***********	*******	******	***********			
To be completed by the Physician:						
Diagnosis for which medication is g	given					
Name of Medicine			Dosage			
Method of administration						
If medicine is to be given daily, at w	what time?					
If there is any reason why the medic	cation must be given	at a specific	time and not the present standard			
flexibility of ½ hours please specify	·		-			
If medicine is to be given "when need	eded" describe indica	ations:				
How soon can it be repeated?						
List significant side effects.						
Length of time this is ordered.						
*Is this child authorized to medicate	e him/herself?					
(Self medication applies only to inh						
Additional information						
			r child may incur an identified acute			
allergic reaction, his/her Epi-pen/Ep	oi pen Jr. will be imn	nediately adr	ninistered by an adult present. The 911			
EMS system will also be initiated at	t this time. It is not p	ossible to fo	ollow a medication administration order			
prescribing benadryl prior to Epi-pe	n by anyone other th	nan a School	Nurse Teacher.			
Date						
Date			rse Teacher			

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

POLICY RELATING TO ADMINISTERING 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 prescription container and will be kept in the school health room in a locked storage cabinet. Medication may be dispensed only by School Nurse Teachers. Medications which maybe 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 has authorized, in writing, the administration of such medication, **and**
- 3. The physician's written request and the parent/legal guardian's authorization form 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 contained.

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 field trips and self-carry and self-administer medication with proper documentation and completed field trip form. Students may not be excluded from field trip 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.

Parents or legal guardians shall contact the school nurse teacher at 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 being 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 20, 1996 Amended: May 8, 1997 Amended: March 10, 2000