

**South Kingstown School Department**  
**Authorization for Prescription & Non-Prescription Medications to be Taken During School Hours**  
**(PHARMACY or MANUFACTURER-LABELED CONTAINERS ONLY)**

SCHOOL: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

CHILDS NAME: \_\_\_\_\_ Sex: M/F (circle one) DOB: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physicians address: \_\_\_\_\_ ST: \_\_\_\_\_ Zip code: \_\_\_\_\_

**The following section is to be completed by the PARENT:**

*I request that my child be assisted in taking the medicine(s) described below at school nurse-teacher or permitted to medicate himself/herself as also authorized by me and my physician - see below\**

*Additionally, in the event of an off site school-sponsored activity, my child may self-administer this medication which shall be provided from home. Only **one school day's supply** should be provided and it will be transported in its **original pharmacy-labeled container**. This medication will be sent in on the day of the field trip. (If this procedure is not followed, the student will not be allowed to self-medicate on the off-site school sponsored.*

**Yes**

**No**

*I have read and understand the medication policy on the back of this page.*

**Yes**

**No**

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Please be advised that there is no medical supervision or services provided by the School Department for routine bus services or any after school activities. The only services available are the Local Emergency Medical Services through the town.**

**The following section is to be completed by the PHYSICIAN:**

**Diagnosis for which medication is prescribed:** \_\_\_\_\_

**Name of Medicine** \_\_\_\_\_

**DOSE/TIME:** \_\_\_\_\_ **Direction for Administration** \_\_\_\_\_

**List Significant side effects** \_\_\_\_\_

**Length of time this treatment is recommended** \_\_\_\_\_

**\*\*Is the child authorized to medicate himself/herself? (Self medication applies only to inhalers, Epinephrine auto-injectors and prescribed self injected medication.)**

**Yes**

**No**

**\*\*\*Is the child authorized to self medicate during an off site school-sponsored activity?**

**Yes**

**No**

**PHYSICIANS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**MEDICATION Policy 5141**

Policy Adopted: August 19, 1985

Policy Revised: May 23, 2011

First Reading of Revised Policy: September 10, 2013

Second Reading of Revised Policy: November 12, 2013

Third Reading of Revised Policy: December 17, 2013

Parent/guardians are requested, whenever possible, to schedule the administration of medication outside of the normal school day. Students needing medication during the school day are required to bring the medication to the school office with a signed authorization form. For a prescription or non prescription medication, this will include both licensed health care provider's written order and a written parent authorization.

Prescription medication shall be stored in their original pharmacy labeled containers.

Non-prescription medication shall be stored in their manufacturer-labeled container only.

No student shall have in his/her possession any medication while on school property unless it is authorized by his/her physician.

All medication shall be dispensed by a School Nurse-Teacher. No lay person, other than a parent, shall participate in medication administration. This does not include inhalers (which may be self-administered if authorized by a licensed health care provider) or an Epinephrine auto injector which may be self-administered, administered by school personnel trained to administer the Epinephrine auto injector or, in the event that no trained personnel are available, any willing person may administer the Epinephrine auto injector to a medically identified student.

In the event of a field trip, a child may self-medicate if the licensed health care provider, parent and school nurse-teacher are in agreement. And on the day of the field trip, one school day's supply of medication for each day of the field trip should be provided from home in its original pharmacy-labeled container or manufacturer's container. The medication will be carried by a certified teacher or nurse at all times. If this procedure is not followed, the student will not be allowed to self-medicate on the off-site school-sponsored activity.

No medication shall be dispensed without following this procedure.