

St. Mary Academy-Bay View
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Prescription Medication Authorization

Note to Parent / Guardian:

St. Mary Academy-Bay View and the State of R.I. require that all students who need medication during school hours complete the following form. **This needs to be renewed every school year.**

Student Name:		Date of Birth
School	Grade	Homeroom
Home Address		Phone No.

This Section To Be Completed By Physician

Medication		Daily	PRN
Dose	Route	Time	Frequency
Describe Indication / Diagnosis			
Possible Side Effects			
Related Diagnosis		Allergies	
Other Information			
1. Is this medication needed on a field trip or activity away from school?		Yes	No
2. The times of this medication may be adjusted or omitted to allow for potential changes in the school schedule, but the time between doses shall remain the same		Yes	No
No. 3 & 4 applies to Middle & High School students only			
3. Is this student authorized to self carry and/or self-medicate this prescription in school, on a field trip or activity away from school?		Yes	No
4. Is this student able to self carry and self-administer a day's supply of medication, including a controlled substance, during an off-site-sponsored activity?		Yes	No
* Physician Signature		Date	

This Section To Be Completed By The Parent/Guardian

I understand that special permission is required for students to take medication during school hours. I am aware of the regulations and hereby give permission to St. Mary Academy-Bay View to have my child take the above medication during school hours.

Applies to Middle and High School Students Only

I also permit her to self-carry/self-medicate as authorized by my physician and me, and that she may self-carry and/or self-medicate in school, on a field trip or on an activity away from school.

* Parent/Guardian Signature	Date
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Note before a medication can be given to a student the following must be in place:

1. Above form must be completed by Physician and Parent / Guardian.
2. A copy of the prescription should accompany the medication to ensure accuracy of medication label.
3. Medication must be in a bottle labeled by the pharmacy.
4. An over the counter medication must be in the original container.

Please contact the nurse if you have any questions. Thank you for assisting us to provide the necessary information to ensure your child's well being and safety.

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