THE BLOCK ISLAND SCHOOL

New Shoreham School Department

P.O. Box 1890, High Street, Block Island, Rhode Island 02807 401-466-5600 * Fax: 401-466-5610 TTY: 1-800-745-5555

My child	Grade	Teacher	
My childhas permission to self-carry/self-adminis	ster his/her medicat	ion(s):	
1.			
2.			
needed during the field trip on		·	
(da	ite)		
Date	Parent/	Parent/Guardian	
Received/Reviewed by School Nurse			
,			
Date	Nurse	Nurse	

Parent, please note:

- Said medication(s) shall be supplied by the parent 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 shall be provided by the parent, and submitted to the
 school nurse. This form shall be submitted to the school nurse prior to the field trip.
- No Block Island School teacher, administrator, or 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 selfadministers 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 way diverting his/her own medication(s) to any other person.