

Authorization for the Administration of Medicines by School Personnel

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse to administer medications or, in her absence, the principal or teacher to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

Physician's or Dentist's Order

Name of child _____ Date _____

Address _____ Date of Birth _____

Condition for which drug is being administered during school hours _____

DRUG (name, dose, and method of administration) _____

Time of administration _____

Medication shall be administered from _____ to _____
(date) (date)

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____ If yes, DEA number _____

Physician's/Dentist's name (type or print) _____

Address _____

Physician's/Dentist's signature _____ Date _____

Nurse/Principal/Teacher _____ Date _____

Authorization by Parent/Guardian for Administration of the above medication by school personnel

Date _____

To School Personnel:

I hereby request that the above medication, ordered by the physician/dentist for my child _____ be administered by school personnel. I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 90 school day supply of said medication.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Name (type or print) _____

Signature _____ Relationship to child _____

Address _____ Telephone _____