

**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 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 \_\_\_\_\_ Telephone # \_\_\_\_\_  
(type or print)

Address \_\_\_\_\_

Physician or Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse/Principal Teacher \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION BY PARENT/GUARDIAN** for the 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 45 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 # \_\_\_\_\_