

Authorization for the Administration of Medicine by School Personnel

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container (with name of child, name of drug, strength, dosage, frequency, prescriber's name and ate of original prescription) and dispensed by a physician/pharmacist.

MD's, DD's, ARPN's or PA's ORDER:

Name of Child: _____ Date _____

Address: _____ Date of Birth: _____

DRUG Name: _____ Dose: _____

Method of Administration: _____ Time: _____

Condition(s) for which drug is being administered: _____

Relevant side effects to be observed, if any: _____

ALLERGIES: _____ No _____ Yes (specify): _____

Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: _____

(Type or Print)

Telephone: _____ Fax: _____

Address: _____

Prescriber's Signature: _____

Date: _____

Parent/Guardian Authorization

I hereby request that the above ordered medication be administered by school personnel for my child, _____. I understand that I must supply the school with no more than a 45 school day supply of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Name: _____ Relationship to Child: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone Number: _____ Work Phone Number: _____