

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES
BY SCHOOL PERSONNEL
PUBLIC ACT NO. 723 of 1969**

The Connecticut State Law and Regulations require a physician's written order and parent or guardian's authorization for a nurse to administer medicinal preparations exclusive of hallucinogens or narcotics or, in her absence, the principal or teacher to administer oral medications.

PHYSICIAN'S ORDER

Name of child _____ Date _____

Address _____ Date of birth _____

Condition for which drug is being administered _____

Name of drug _____

Amount of drug _____

Time of administration _____

Relevant side effects to be observed, if any _____

Other suggestions _____

Length of time during which medication shall be administered: From _____ to _____
(DATES)

(M.D. SIGNATURE)

(ADDRESS)

TELEPHONE # _____

AUTHORIZATION OF A PARENT OR GUARDIAN CONCERNING THE ADMINISTRATION OF ABOVE
MEDICINES BY SCHOOL PERSONNEL

To _____ Date _____

(Name of school)

I hereby request that school personnel give my child _____

(Name of child)

(Signature)

Street _____ Town or City _____

PHN – 85 (5-70) 2M
Conn. State Dept. of Health

Telephone # _____