School District_____School_____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

Connecticut State Law and Regulations 10-212(a) requires a written medication order of an authorized prescriber, (physician /dentist, optometrist, 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, teacher and/or coach to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Prescriber's Authorization

Name of Student_____Date of Birth:_____

Address:_____

Condition for which drug is being administered:_____

Drug Name_____Dose:_____Route:_____

Time of Administration:_____If PRN, frequency_____

Relevant side effects: None Expected (Specify):_____

ALLERGIES: No Yes (Specify):_____

Medication shall be administered for: School Year or from:_____to_____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title:_____
(Type or Print)

Telephone:_____Fax:_____

Address:_____

_____
Stamp Use for Prescriber's Stamp

Prescriber's Signature:_____Date:_____

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 3 month supply of medication. I understand that the exchange of information between the prescriber and the school nurse may be necessary to ensure the safe administration of medications. 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 fi

Parent/Guardian Signature:_____Date:_____

Parent's Home Phone #:_____Work Phone #:_____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by the prescriber and parent/guardian and **must** be approved by the school nurse in accordance with Board policy.

Prescriber's authorization for self administration _____Yes_____No_____
Signature Date

Parent/Guardian authorization for self administration_____Yes_____No_____
Signature Date

School approval for self administration _____Yes_____No_____
Signature Date