

**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 ORDER:

Name of Child _____ Date _____

Address _____ DOB _____

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 (date) _____ to (date) _____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

If this a controlled drug? _____ If yes, DEA# _____

Physician's/Dentist's Name (print) _____ Tel; _____

Address _____ Date _____

Physician's/Dentist's Signature _____ Date _____

Nurse/Principal/Teacher _____ Date _____

AUTHORIZATION BY PARENT/GUARDIAN for the administration of the above medication by 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.