

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

Connecticut State law and regulation require a physician's written order and parent/guardian's authorization for a nurse to administer medicinal preparations or, in her/his absence, the principal or teacher to administer medications. (Section 10-212a)

PHYSICIAN'S ORDER

Name of Child _____ Date _____

Address _____ Date of Birth _____

Condition for which medication is being administered _____

Name of Medication _____

Amount of Medication _____ 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)

(Limited to current school year)

Physician's Name (Print) _____ Phone _____

Physician's Signature _____

Address _____

Medication should be in the original prescription container labeled with the child's name, date, name of drug, dosage, prescription number and physician's name.

AUTHORIZATION BY PARENT/GUARDIAN for the administration of and disposal of the above medication by school personnel.

I hereby give permission for appropriate school personnel to administer the above medication to my child for the dates and times indicated.

I also understand that the above medication will be destroyed if not picked up by me within one week of a request to do so or if not picked up by close of the last day of school.

Signature of Parent/Guardian _____

Date _____ Phone _____