



Authorization for the administration of prescription and non-prescription medicine by school personnel.

Connecticut State Law and Regulations 10-212(a) require a written order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the school nurse to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist. Non-prescription medication also must be in original container and labeled. In the school nurses' absence, the principal or designated certified teacher may administer medication.

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: _____

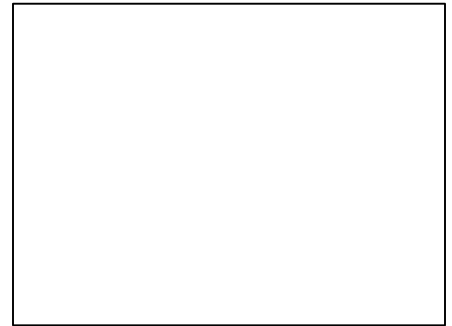
Allergies: No Yes (specify): _____

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

Prescriber's Name/Title: _____
Print

Telephone: _____ Fax: _____

Address: _____



Prescriber's Signature: _____ Date: _____

Use for Prescribers' Stamp

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 45 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 Signature: _____ Date: _____

Parents' Home Phone #: _____ Work #: _____ Cell #: _____

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. Only metered dose inhalers (MDI's), EpiPens, and insulin injections are approved.

Prescribers' authorization for self administration: Yes No

Signature Date

Parent/Guardian authorization for self administration: Yes No

Signature Date

School nurse approval for self administration: Yes No

Signature Date