West Hartford Public Schools

50 South Main Street, West Hartford, Connecticut 06107 860-561-6600

Authorization For Administration of Medication By School Personnel

To the Parent/Guardian: Students receiving or taking any medication at school must have a written order from a Doctor, Dentist, APRN or PA licensed to practice in Connecticut or any other state, as well as parental permission on file in the office of the School Nurse. If the Nurse does not know what medications a student may be taking, she/he cannot function effectively in the event of an emergency situation. In the absence of the School Nurse, a teacher or principal who has volunteered to be trained in the administration of medication may give the medication to the student. In the event that no school personnel volunteer to accept this responsibility, it must revert to the parent/guardian. Medication must remain in the container in which it was purchased.

I have read and understand the above statement, and give my permission to the School Nurse or designated school staff to administer medication to my child, following the instructions below. I understand that unused medication must be picked up no later than two weeks after the finish date, or the medication will be destroyed in accordance with the law.

Parent/Guardian Signature_____Date_____

Address_____Phone #_____

To the Physician: Please fill out the following section.

Student name_____ Date of Birth_____

Condition for Prescribing_____

Medication name_____Dose_____Route_____

Time of Administration/Frequency_____

Medication administered from Start Date_____ Finish Date_____

Relevant side effects_____

Allergies_____ Special instructions_____

Is this a controlled drug? Yes_____No___

Prescriber's Name/Title_____ Phone #_____

Prescriber's Signature_____ Date_____