

NAUGATUCK PUBLIC SCHOOLS

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

Per Connecticut State Law and Regulations 10-212(a) A school nurse, teacher, or principal may administer medications to students with an authorized prescriber's written order and a parent's or guardian's written authorization. An authorized prescriber is any licensed physician, dentist, advanced practice registered nurse or physician's assistant. This includes ALL over the counter medications, medicated cough drops, throat lozenges, creams, and lotions. Medications must be delivered to the school nurse in a pharmacy prepared container and labeled with the name of the child, name of drug, strength, dosage, frequency, authorized prescriber's name, and date of original prescription. All prescription and over-the-counter medications must be brought in by the parent/guardian in an unopened container to be accepted. No more than a 45 day supply should be brought in by the parent/guardian and given to the school nurse.

Nurse's Fax 203-720- School:

PRESCRIBER'S AUTHORIZATION

Student's Name: Date of Birth: Grade:

Address:

Condition for which medication is being administered during school hours:

Is it necessary that this medication be administered during school hours? ( ) YES ( ) NO

Medication: Name dose Route:

Is this a controlled drug? ( ) YES\*\*\* ( ) NO \*\*\*If yes, DEA#

Frequency and time of administration: IF PRN, frequency

Medication will be administered from: (date) to: (date)

\*\*May this medication be self-administered by student? YES NO

Relevant side effects to be observed, if any:

Allergies: No Yes(specify):

Authorized prescriber's name (PRINT)

Phone: Fax:

Authorized prescriber's signature Date



AUTHORIZATION BY PARENT/GUARDIAN for the administration of the above medication by school personnel including

School nurses, teachers, and principals:

I hereby request and authorize school personnel to administer the above medication ordered by the authorized prescriber for my child. I understand that I must supply the school with the following:

- Signed, written order from the authorized prescriber
Signed permission from the parent/guardian
Parent/guardian MUST deliver medication to school
Medication must be in original container and properly labeled
Bring only 45 days supply, or less, of medication

Should this medication be administered during FIELD TRIPS? YES NO

Should this medication be administered on SHORTENED SCHOOL DAYS? YES NO

I understand that this medication will be destroyed if it is NOT picked up within (1) week following the termination of the order or by the last day of the school year.

Name (print): Relationship to child:

Signature: Home Phone: Cell 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. In the case of inhalers for asthma and cartridge injectors for medically diagnosed allergies, students may self-administer medication only with the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Parent/Guardian authorization for self-administration: NO YES Signature Date

School Nurse authorization for self-administration: NO YES

Printed Name of Individual Receiving Written Authorization and Medication

Signature/Title

Date