

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration for their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Name of Child/Student _____ Date of Birth ___/___/___ Grade/Teacher _____

Address of Child/Student _____ Phone _____

Authorized Prescriber's Order (Physician, Dentist, Advanced Practice Registered Nurse, Physician Assistant, Optometrist, or Podiatrist)

Condition for which drug is being administered: _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Dosage _____ Method /Route _____ Time of Administration _____ If PRN, frequency _____

Specific Instructions for Medication Administration _____

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Management Plan for Side Effects _____

Start Date ___/___/___ End Date ___/___/___

Print Prescriber's Name _____

Prescriber's Signature _____

Date ___/___/___ Phone #(_____) _____

Prescriber's Stamp or Address

Parent/Guardian Authorization

- I request that this medication be administered to my child/student as described and directed above.
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel, and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only).
- I have administered at least one dose of the medication to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ___/___/___

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (_____) _____ - _____ Work 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 (if applicable) in accordance with board policy. In a school, students may self-administer medication, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, only with the written authorization of an authorized prescriber and written authorization from a student's parent or guardian.

Prescriber's authorization for self-administration: YES NO Signature _____

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

School nurse approval for self-administration: YES NO Signature _____

Below for office use only

Printed Name of Individual Receiving Medication _____ Date _____

Signature _____ Expiration Date of Medication _____

PROCEDURE FOR REQUESTING MEDICATION ADMINISTRATION

If your child requires a prescription or over-the-counter medication during the school day, or during intramural or interscholastic athletic events, you must follow the procedures required by Trumbull Public Schools, Connecticut General Statute, Sec. 10-212a, and Connecticut Administrative Regulations, Sec. 10-212a-1 through 10-212a-9. These procedures promote safe practices for students and staff. Please read them carefully.

1. For each medication that must be administered daily or on an as needed basis, the student’s parent/guardian must obtain the written order of an authorized prescriber (Physician, Dentist, Advanced Practice Registered Nurse, Physician Assistant, Optometrist, or Podiatrist) using Trumbull Public Schools form, *Authorization for the Administration of Medication by School Personnel*.
2. A new authorization is required each school year, and if so prescribed, may be effective from July 1 through June 30 of the given school year. A medical order dated July 1 of a year will cover summer programs and the upcoming school year.
3. The authorized prescriber must complete the information requested on the form:
 - a. Name of Medication, including the generic name of the medication;
 - b. Indication (condition/diagnosis) for the administration of this medication in school;
 - c. Dosage (amount) and route of administration for the medication;
 - d. Potential side-effects of the medication;
 - e. Time of day the medication is to be administered; and the frequency for PRN (as needed) medications;
 - f. Duration or length of time the medication is to be administered in school (up to 12 months from July 1 through June 30th of the same school year);
 - g. If applicable and developmentally appropriate, authorization for self-administration in school.
4. All medications must be packaged in their **ORIGINAL CONTAINER**.
5. **Prescription medications** must be clearly **labeled with a pharmacy label**, which contains the student’s name, the authorized prescriber’s name, and the prescriber’s directions for use.
6. The medication and completed authorization form **must be delivered to the school nurse by a responsible adult**.
7. Once the nurse has reviewed the medical order, and developed a plan for self-administration, the student is responsible for carrying the medication to and from school each day, and for maintaining its safe control at all times.
8. Self-administration plans approved for the school day also extend to extracurricular activities and athletics.
9. Self-administration of controlled drugs is not permitted.
10. No more than a three (3) month supply of medication may be stored at school.
11. Unused medication must be destroyed if not picked up by a responsible adult by the end of the last school day.

It may be helpful to take this authorization form (side one) with you to your child’s healthcare provider in case medication is prescribed for your child.

Thank you for your cooperation. Please contact your child’s school nurse should you have any questions.

Record of Medication Received

DATE	COUNT	PARENT SIGNATURE	SCHOOL NURSE SIGNATURE