

# Authorization for the Administration of Medication by School Personnel

The Connecticut State Law requires a physician's, PA/APRN or dentist's written order and parent or guardian's authorization for a nurse to administer medications or in her absence, the principal or teacher to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's PA/APRN's or dentist's name and date of original prescription.

## **PHYSICIAN, PA/APRN OR DENTIST ORDER**

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which drug is being administered during school hours \_\_\_\_\_

DRUG: name, dose and method of administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Relevant side effects to be observed, if any \_\_\_\_\_

If there are side effects, plan for management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ If yes, DEA number \_\_\_\_\_

Physician's /PA/ARPN/Dentist's Name \_\_\_\_\_ Tel: \_\_\_\_\_  
(type or print)

Address \_\_\_\_\_

Physician's /PA/ARPN/Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse/Principal/Teacher \_\_\_\_\_ Date \_\_\_\_\_

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

Date \_\_\_\_\_

To School Personnel:

I hereby request that the above medication, ordered by the physician, PA/APRN or dentist for my child \_\_\_\_\_ be administered by school personnel. I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by the pharmacist and will provide no more than a 45 day supply of said medication.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
(type or print)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_