

Windsor Locks Public Schools

Windsor Locks High School

Ph :(860) 292-5729

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Windsor Locks Middle School

Ph :(860) 292-5016

Fax (860) 292-5017

South St. School

Ph :(860) 292-5023

Fax (860) 292-5026

North St. School

Ph :(860) 292-5029

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Health Offices

Authorization for the Administration of Medicines by School Personnel

The Connecticut State Law and Regulations require a written order from a physician/dentist, Advanced Practice Registered Nurse or Physician Assistant and parents/guardian's authorization for a nurse to administer medicinal preparations or in his/her absence the principal (director) or teacher to administer oral, topical or inhalant medications.

Prescriber's Order

Name of Child _____ Date: _____

Address _____ Date of Birth _____

Condition(s) for which drug is being administered: _____

Name of Drug _____ Amount of Drug _____

Time of Administration: _____

Reason why the drug must be administered in school: _____

Relevant side effects to be observed, if any: _____

Other suggestions: _____

Length of time during which medication will be administered: From _____ To _____ (Dates)

DEA Number _____

Signature

Title

Date

Address: _____

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 CREC Medication Policy.

Prescriber's 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 _____