

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent's or guardian's authorization for a nurse, or in her absence, the principal or teacher to administer aspirin, ibuprofen or non-aspirin substitutes containing acetaminophen and/or medicinal preparations, including such controlled drugs as the Public Health Officer may be regulation designate. Medications must be in appropriate containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

PHYSICIAN'S OR DENTIST'S 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: _____

Times 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/Dentist's name: _____ Tel. #: _____
(Type or Print)

Address: _____

Physician's or Dentist's signature: _____ 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/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 a physician or pharmacist, and will provide no more than a 45 school 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)

Signature: _____

Address: _____ Telephone: _____