

# AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

The Connecticut State Law requires a written order from a M.D., O.D., D.D.S., A.P.R.N., or P.A. as well as a parent or guardian's authorization for a nurse to administer medications or in their absence, the principal or teacher to administer medications. Medications must be in the **original container** dispensed and properly labeled by a pharmacist. No more than a 45-day supply of medication may be left at school. Inhalant medications may be self-administered with the approval of the school nurse. The M.D. or authorized prescriber and parent/guardian must authorize self-administration.

NAME OF STUDENT: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GRADE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

ROUTE OF MEDICATION: \_\_\_\_\_ SAMPLE:  YES  NO CONTROL DRUG: YES  NO

FREQUENCY: \_\_\_\_\_ TIME TO BE GIVEN IN SCHOOL: \_\_\_\_\_

PERMISSION TO GIVE IN SCHOOL IF FAILED TO RECEIVE DOSE AT HOME:  YES  NO

SIDE EFFECTS AND PLAN FOR MANAGEMENT: \_\_\_\_\_

LENGTH OF TIME DURING WHICH DRUG IS TO BE ADMINISTERED:  
(DATES) FROM \_\_\_\_\_ TO \_\_\_\_\_

IS THIS STUDENT CAPABLE OF SELF-ADMINISTERING THE DRUG:  YES  NO

SPECIAL INSTRUCTIONS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## NEWTOWN CENTER PEDIATRICS

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## AUTHORIZATION OF PARENT OR GUARDIAN

I hereby give my permission for my child to receive the medication ordered above by his/her M.D., O.D., D.D.S., A.P.R.N., or P.A. Medication is to be administered by:

Nurse or Trained School Personnel  Student May Self-Administer

I DO/ DO NOT (circle one) wish the medication administered on field trips and shortened school days.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or by the last day of school, whichever comes first.

**MEDICATION MUST BE DELIVERED TO THE SCHOOL NURSE BY AN ADULT.**

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_