

Medication Authorization

Connecticut State Law and Regulations 10-212-(a) requires a written prescribers authorization with a parent/guardian signature for a nurse, or in the absence of a nurse, qualified and trained school personnel, to administer medications to students. Medications must be supplied in a pharmacy labeled container or original over the counter packaging with appropriate prescription information present.

Prescriber’s Authorization for Administration of Medication by School Personnel

Name of Student: _____ DOB: _____

Condition for which drug is being administered: _____

Medication: _____ Dose: _____ Route: _____

Time of Administration: _____ Frequency (if PRN): _____

Medication shall be administered from (dates) _____ to _____

Allergies { } No { } yes, specify: _____

Relevant side effects: { } none expected { } yes, specify: _____

Is medication required for field trip { } No { } yes

Prescribers Name/ title _____

Address: _____

Phone _____ Fax _____

Signature _____ Date _____

Parent/ Guardian Authorization

I hereby request that the above ordered medication be administered by school personnel. I understand I must provide the school with no more than a 3 month supply of medication. I understand the medication will be destroyed upon termination of this order or within 1 week of the last day of the current school year, whichever comes first. I grant permission for the school nurse, and school based health center staff where applicable, to communicate with the prescriber for safe administration of this medication.

Signature _____ Date _____

Telephone _____ Alternate Telephone _____

Self-Administration of Medication Authorization and Approval

Self-administration of medication by a student must be authorized by the prescriber, approved by the parent/guardian, assessed for safety with the student by the school nurse and signed in the section below.

Prescriber’s Authorization for self-administration { } No { } yes _____

Parent/guardian approval for self-administration { } No { } yes _____

Safe self-administration assessment conducted by school nurse _____ Student will carry medication _____

School nurse agreement for self-administration { } No { } yes _____