5141.21
Form #1

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

Connecticut State Law and Regulations require a physician's 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 name of student, name of drug, strength, dosage, frequency, authorized prescriber's name and date of original prescription.

Authorized Prescriber'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 _____

_____

Time of Administration _____ Medication shall be administered from (date) _____ to (date) _____

Relevant side effect to be observed, if any _____

_____

If there are side effects, plan for management _____

_____

Is this a controlled drug? _____ If yes, DEA number _____

Authorized Prescriber's Name _____ Telephone _____

Address _____

Authorized Prescriber's Signature _____ Date _____

Authorization by Parent/Guardian for the administration of the above medication by school personnel

Date _____

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 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. By signing below, I am also authorizing the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of said medication.

Name _____ Signature _____

Relationship to Child _____ Telephone _____

Address _____

Nurse/Principal/Teacher _____ Date _____