## AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES

## **BY SCHOOL PERSONNEL**

The Connecticut State Law and Regulations require a physician's, dentist's, advanced practice registered nurse or physician's assistants' written order and parent or guardian's authorization for a nurse to administer medications or in her absence the principal, teacher, licensed physical or occupational therapist of a school or coach to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

## PHYSICIAN OR DENTIST'S ORDER

Name of Child Date_		
Date of Birth		
Condition for which drug is being administered during so	chool hours	
<b>DRUG:</b> name, dose and method of administration		
Time 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 Te	el
(Type or	print)
Address	
Physician or Dentist's Signature	Data
	Date
Nurse/Principal/Teacher	Date
AUTHORIZATION BY PARENT/GU ABOVE MEDICATION BY SCHOOL	JARDIAN FOR THE ADMINISTRATION OF THE L PERSONNEL:
Date:	
To School Personnel:	
, be administered by sc school with the prescribed medication in	on, ordered by the physician/dentist for by child hool personnel. I understand that I must supply the the original container dispensed and properly labeled ovide no more than a 45 school day supply of said
I understand that this medication will be following termination of the order or one	destroyed if it is not picked up within one week e week beyond the close of school.
Name:	
(Type or Print)	
Signature:	Relationship to
Address:	Telephone: