

Authorization for the Administration of Prescription Medication by School Personnel

St. Joseph School – Brookfield, Connecticut 06804

The Connecticut State Law and Regulations require a MD, DDS, OD, APRN, or PAC’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 medication.

The information on this form must be the same as the information on the prescription bottle label or the medication will not be administered.

Prescriber’s Order

Name of child _____ Grade _____ DOB _____

Condition for which drug is being administered during school hours _____

Duration of administration _____ to _____
(Date) (Date)

Is this a sample medication? YES ___ NO ___ Lot # _____

Is this a controlled drug? YES ___ NO ___ if yes, DEA # _____

Relevant side-effects, plan for management _____

Permission to give at school if failed to receive dose at home YES ___ NO ___

Authorized Prescriber’s Name (print) _____

Telephone _____ FAX _____

Authorized Prescriber’s Signature _____ Date _____

Authorized by Parent/Guardian for the Administration of the Above Medication by School Personnel

I hereby request that the above medication, ordered by the MD, OD, DDS, APRN, or PAC for my child be administered by school personnel. A limit of a 45 day supply of medication will be accepted. Medication must be supplied in the original prescription container. Ask the pharmacist for two completely labeled containers, providing one for home and one for school.

I do / I do not (circle one) want this medication administered on field trips or shortened days.

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.

Medication must be delivered to the school nurse by an adult

Name (print) _____ Date _____

Signature _____ Relationship to child _____