Wolcott Public Schools School _____ Grade _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

Connecticut State Law and Regulations 10-212(a) require a physician's or dentist's written order and parent/ guardian written authorization for a nurse to administer medications or in her absence, the principal or teacher to administer medications. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist. Medicinal preparations shall not include hallucinogenic or narcotic drugs per Board of Education Policy.

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PRESCRIBER'S AUTHORIZATION Date _____

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered during school hours: _____

Drug name: _____ Dose: _____ Route: _____

Time of administration: _____ If PRN, frequency: _____

Relevant side effects: ☐ None expected ☐ Specify: _____

ALLERGIES: ☐ NO ☐ YES (specify): _____

Medication shall be administered from: _____ to _____
(Date) (Date)

Prescriber's Name/Title: _____

Telephone #: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____

Use for Prescriber's stamp

Self Administration of Medication Authorization/Approval

Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board Policy.

Prescriber's authorization for self administration: ☐ Yes ☐ No _____
Signature Date

Parent/Guardian authorization for self administration: ☐ Yes ☐ No _____
Signature Date

School Nurse Approval for self administration: ☐ Yes ☐ No _____
Signature Date

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PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication 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 90 school day supply of said medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature: _____ Date: _____

Parent's Home Phone #: _____ Work #: _____