

School District \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**SCHOOL MEDICATION AUTHORIZATION**

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container. Prescription medication should be in the labeled container dispensed by a pharmacist.

This authorization is in effect for the school year: 201 -201

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**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which medication is administered \_\_\_\_\_ Medication Allergies \_\_\_\_\_  NKDA  Yes: \_\_\_\_\_

Medication \_\_\_\_\_ Dose: \_\_\_\_\_ mg puffs amp other PO GT/NGT Inhaled with Spacer **Route:** \_\_\_\_\_

Time of Administration \_\_\_\_\_ AM PM

If PRN, frequency, Q \_\_\_\_\_ Hours

Provider Name & Phone/fax Numbers  
(printed or stamped)

Prescriber's Authorization for Self-Administration  Yes  No

Prescriber's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**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 no more than a **90** day supply of medication. I understand that this medication will be destroyed if not picked up within one week following discontinuation of the medication or the last day of school, whichever comes first.

I also authorize communication between the prescribing health care provider and school nurse necessary for the safe administration of this medication and the management of the condition for which it is prescribed.

Parent/Guardian Authorization for Self-Administration  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone# \_\_\_\_\_ Work/ Cell # \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_