

Students

Administering Medications

ORANGE PUBLIC SCHOOLS

Orange, Connecticut

Authorization for the Administration of Medication by School Personnel

Connecticut State Law and Regulation require a written medication order of an authorized prescriber (physician, dentist, advanced practice registered nurse or physician's assistant) and parent's or guardian's authorization for a nurse to administer medications or in her absence, qualified personnel for schools (principal, teacher designee) to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, authorized prescriber's name and date of original prescription.

Authorized Prescriber's Order

Name of Student: _____ Date: _____

Address: _____ Date of Birth: _____

Condition for which drug is being administered during school hours, field trips, school readiness programs, before and after school programs, and during intramural and interscholastic events:

Medication (name, dose and administration):

Medication shall be administered from _____ to _____

Relevant side effects to be observed, if any

If there are side effects, plan for management:

I deem it medically appropriate for this patient to self-administer the medication

Name of Medication: _____

during the regular school day, field trips, school readiness, before and after school programs and/or intramural or interscholastic sports.

Authorized Prescriber's Signature

Is this a Controlled Medication? _____ If yes, DEA number: _____

Authorized Prescriber Name: _____ Telephone #: _____

Authorized Prescriber Signature: _____ Date: _____

Address:

Nurse/Qualified

Personnel for Schools: _____ Date: _____

Authorization by Parent/Guardian for the administration of the above medication by qualified school personnel and for the release of medical information from/to the above name medical practitioner.

Does your child have any allergies to medication? Yes No

If yes, what?

Do you want medications given on early dismissal days? Yes No

Self-Administration of Medication Authorization/Approval

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

Authorized 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 _____

To School Personnel:

I hereby request that the above medication, order by the authorized prescriber for my child _____ be administered by qualified 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 three (3) month supply of said medication.

I understand that this medication will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the close of school.

Parent/Guardian Name (print):

Signature: _____ Relationship to Child: _____

Address: _____ Telephone #: _____