Clinton
PUBLIC SCHOOLS

THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL
REGULATIONS AND AUTHORIZATION FORM

The State of Connecticut has set down very definitive regulations regarding administration of medication in schools. If it is necessary for your child to take medication during school hours, these are the steps for you to follow to facilitate the procedure and to meet the State regulations:

1. The prescribing physician or dentist, licensed to practice in this or any other state, or advance practice registered nurse (APRN) or physician assistant (PA), must submit a written order for each medication. Use form H005 on page 2 for these orders.

2. A parent/guardian authorization signature is required.

3. A parent/guardian must hand deliver all medication directly to the school nurse or school administrator.

4. Medications must be delivered to school in either an **original** over-the-counter container or an **original** pharmacy container labeled with name of student, name of prescribing physician, date of original prescription, name and strength of medication and directions for administering. No more than a 3-month supply of medication will be kept in school. All 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.

5. Physician and parent/guardian consent is required for administration of Tylenol (acetaminophen) for any student K-3. Use form H005.

   The school nurse may dispense Tylenol (acetaminophen) per the medical advisor's standing order to students in grade 4-12 *without* written authorization if the parent/guardian has authorized this on the emergency health information form.

See reverse for authorization form.

Administrative Offices | 137-B Glenwood Road | Clinton, CT 06413 | Phone: 860-664-6500 | Fax: 860-664-6580

Clinton
PUBLIC SCHOOLS

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

☐ Joel ☐ Eliot ☐ Morgan Grade _____

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 and dispensed by a physician/pharmacist.

PRESCRIBER'S AUTHORIZATION

Student's Name _____ Date of Birth _____

Address _____

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Time of administration _____ If PRN, frequency _____

Relevant side effects ☐ None expected ☐ Specifiy _____

ALLERGIES ☐ No ☐ Yes ☐ Specifiy _____

Medication shall be administered from _____ TO _____

Month/Day/Year Month/Day/Year

Prescriber's Name (print) _____

Telephone _____ Email _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Prescriber's Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION

I request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 3-month supply of 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. I also give permission for the exchange of information between the prescriber and school nurse necessary to ensure the safe administration of such medication.

_____

Parent/Guardian Signature Daytime Phone Date

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Prescriber Authorization for self-administration _____

Signature Date

Parent/Guardian Authorization for self-administration _____

Signature Date

School Nurse Authorization for self-administration _____

Signature Date

Administrative Offices | 137-B Glenwood Road | Clinton, CT 06413 | Phone: 860-664-6500 | Fax: 860-664-6580