BROOKFIELD PUBLIC SCHOOLS BROOKFIELD, CT 06804

Authorization for the Administration of Prescription Medication by School Personnel

Connecticut State Law and Regulation require a written medication order of an authorized prescriber (MD, DDS, DMD, OD, APRN, PAC) and parent's or guardian's authorization for a nurse to administer medications or in her/his absence, qualified personnel for schools (principal, teacher, occupational therapist, coach, licensed athletic trainer) 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, overnight field trips, and during intramural and interscholastic events.

Medication:_____ Dosage: _____ Frequency: _____ Route: _____

Medication shall be administered from _____ to _____

Relevant side effects to be observed, if any _____
If there are side effects, plan for management _____
Is this a Controlled Medication? _____ If yes, DEA number: _____
Prescriber's Authorization for Self Carry and Administration of inhaler: ☐ Yes ☐ No
Authorized Prescriber Name: _____ Telephone #: _____

Authorized Prescriber Signature: _____ Date: _____

Address: _____

Prescriber's Stamp

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 named medical practitioner.

Does your child have any allergies to medication or food? ☐ Yes ☐ No
If yes, what? _____
I hereby request that the above medication, ordered by the licensed practitioner for my child, be administered by school personnel. A limit of a 90 school day supply of medication will be accepted. Medication must be supplied in the original prescription container. I understand that this medication will be destroyed (per State regulation) if it is not picked up within one week following termination of the order, or the last day of school, whichever comes first.

AN ADULT MUST DELIVER MEDICATION TO THE SCHOOL NURSE

Parent/Guardian authorization for Self Carry and Administration of inhaler: ☐ Yes ☐ No

Name:(print) _____ Date: _____
Signature: _____ Relationship to child: _____
Telephone: (H) _____(W) _____(C)_____

Nurse: Student demonstrates knowledge of self carry and administration: ☐ Yes ☐ No _____
Nurse signature/date

5/2013