



CITY OF MERIDEN – SCHOOL HEALTH PROGRAM

AUTHORIZATION FOR MEDICATION ADMINISTRATION BY SCHOOL PERSONNEL

The Connecticut State Law and Regulations require a written order from a licensed Advance Practice Registered Nurse, Physician Assistant, Physician or Dentist and parent or guardian’s authorization for a nurse to administer all medications or in her absence, the principal or teacher to administer medications. Medications must be in the original labeled container as dispensed from pharmacy or medical office. All medications shall be delivered to the school by the parent, guardian or other responsible adult.

Name of Student \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Allergies \_\_\_\_\_

Condition for which drug is being administered during school hours \_\_\_\_\_

DRUG: Name, dose and method of administration \_\_\_\_\_

Time of administration \_\_\_\_\_ Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
date date

Possible side effects and management \_\_\_\_\_

Is this a controlled drug? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, DEA number \_\_\_\_\_

If not a controlled drug, is this student capable of self-administering this drug? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this medication to be administered on field trips and shortened school days? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Type or print

Address \_\_\_\_\_

Health Care Provider’s Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION OF PARENT OR GUARDIAN

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

TO SCHOOL PERSONNEL:

I hereby request that the above medication ordered by the health care provider for my child be: (please check)

- self administered
- 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 health care provider or pharmacist and will provide no more than a 30 school day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

✓ Student has successfully demonstrated the ability to self-administer.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

# MEDICATION POLICY

Connecticut State Law and Regulations require a licensed Advance Practice Registered Nurse, Physician's Assistant, Physician, or Dentist's written order and parent or guardian's authorization for a nurse to administer medications or, in her absence, the principal or teacher to administer medications. Medications must be in a pharmacy prepared container, which is brought to school by a person over 18 years and left in school for the duration of the medication. It must be labeled with name of child, name of drug, strength, dosage, frequency, health care provider's name, and date of original prescription.

The form on the reverse side of this policy should be filled out; top half by the health care provider and the bottom half by the parent or guardian.

Any medication ordered three times a day, twice a day, or once a day is given at home unless specifically ordered by the health care provider to administer during school hours.

When a prescription is taken to the pharmacy and medication is needed for school, let the pharmacist know that you need a school container as well as a container for home. The pharmacist will see that this need is met for the school.

All medication coming into the school is brought in by an adult or guardian, 18 years of age or older, and must be picked up by an adult as well. Children are not allowed to transport or have medication in their possession.