



# SOUTH KENT SCHOOL

## Request Authorization for Administration of Medication by School Personnel

*(Use one form for each medication)*

The Connecticut State Law requires physician/dentist/APRN/PA's written order and the parent and/or guardian's authorization for a nurse to administer medications or, in his/her absence, the principal and/or designated staff to administer medications. Medications must be in pharmacy-prepared containers and labeled with the name of student, name of drug, strength, dosage, frequency, name of physician/dentist/APRN/PA's, date of original prescription.

### PHYSICIAN/DENTIST/APRN/PA ORDER

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

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

Condition for which the drug is needed to be administered \_\_\_\_\_

Drug (name, dose, and method of administration) \_\_\_\_\_

Time of administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_

Relevant side effects to be observed if any \_\_\_\_\_

If there are side effects, plan for management \_\_\_\_\_

(Signature) \_\_\_\_\_ M.D.

### **Authorization by parent/guardian for the administration of the above medication by school personnel:**

#### To School Personnel:

I request that the above medication ordered by the physician/dentist/APRN/PA for my child \_\_\_\_\_, be administered by school personnel. I understand that I must supply the school with prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than 45 school day supply. 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

*General Statutes, Section 10-212a, Connecticut State Department of Health, PHN Division*

*Richards Health Center  
40 Bull's Bridge Rd, South Kent, CT 06785  
Tel: 860-927-3539 x245 Fax: 860-927-1161  
Email: southkent@southkentschool.org*