East Lyme School District

Authorization for the Administration of Medicine by School Personnel

Connecticut State Law and Regulations 10-212a require a written medication order of an authorized prescriber and parent/guardian written authorization for the nurse, or in her absence, qualified school personnel to administer medication. Medications must be in the original properly labeled container and labeled with name of the student, name of drug, strength, dosage, frequency, name of authorized prescriber, and date of original prescription.

Authorized Prescriber's Authorization

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered: _____

Drug Name (generic and brand name): _____

Dose: _____ Route: _____

Time of Administration: _____

If PRN, specify symptoms for which it is given: _____

Medication shall be administered from: _____ to _____

Month/Day/Year Month/Day/Year

Relevant side effects to be observed, if any: _____

Treatment plan for side effects: _____

Is this a controlled drug? _____

It is understood that an exchange of information between the prescriber and the school nurse may be necessary to ensure the safe administration of such medication.

Name/Title of Prescriber: _____ Telephone: _____

Address: _____

Prescriber's Signature: _____ Date: _____

Parent/Guardian Authorization

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

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____ Home #: _____ Alternate #: _____

Authorization for Self-Administration of Medication

Self-administration of medication may be authorized by the prescriber and parent/guardian and except in the case of emergency medications, must be approved by the school nurse.

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

School Nurse Comment: _____