

**Authorization for the Administration  
of Medication by  
School Personnel**

Connecticut State Regulations require the written order from a physician, dentist, APRN or PA for the school nurse to administer medication at the school. Medications must be in the original pharmacy container, labeled with the child's name, name of drug, dose, route (oral, inhale, etc) and frequency as well as the name of the prescriber and date of prescription.

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

**ORDERING:** \_\_\_\_\_  
(drug, dose, route, time)

Is this a controlled drug?      DEA# \_\_\_\_\_

PRESCRIBER'S name \_\_\_\_\_  
(Print or Type)

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

**MD**  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Nurse/Principal/Teacher \_\_\_\_\_ DATE \_\_\_\_\_

Authorization by PARENT/Guardian for the administration of the above medication by school personnel:

I request that the above mentioned medication, ordered by the physician, for my child, \_\_\_\_\_, be administered by school personnel. I understand that I must supply the medication in the original container dispensed and labeled by the pharmacist or MD. I will provide no more than 45 school day supply at one time. I understand that this medication will be destroyed if it is not picked up within 2 weeks following termination of the order or one week beyond the close of school.

Name: \_\_\_\_\_  
(Type or Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_