

**STAMFORD PUBLIC SCHOOLS
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES
BY SCHOOL PERSONNEL**

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse to administer medications, or in her absence, the principal or designated teacher to administer medications. **Medications must be in pharmacy prepared containers and labeled with the name of the child, drug, (strength, dosage, frequency), physician's or dentist's name and date of original prescription. All over-the-counter medications must be in a new unopened container.**

PHYSICIAN'S OR DENTIST'S ORDER

DATE _____

Name of Child: _____ **School:** _____

Address: _____ **Date of Birth:** _____

Condition for which drug is being administered during school hours _____

DRUG NAME: _____

METHOD OF ADMINISTRATION: _____

TIME OF ADMINISTRATION (while in school): _____

MEDICATION SHALL BE ADMINISTERED from _____ **to** _____

Relevant side effects to be observed, if any _____

Physician's/Dentist's Name _____ **Telephone** _____
(Please Print) (License #)

Address _____

Physician's Signature _____

Is this a controlled drug? _____

Do you feel that this child is able to self administer his/her medication(s): Yes _____ No _____

**AUTHORIZATION BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF THE ABOVE MEDICATION
BY SCHOOL PERSONNEL**

To: School Health Services/Board of Education

I hereby request that the above medication, ordered by the physician/dentist for my child _____, be 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 physician or pharmacist, and I will provide no more than a 45 school day supply of said medication. I understand that I must deliver this medication to the nurse. I am aware that the medication will be destroyed if not picked up within one week following termination of the order or one week beyond the close of school.

Parent/Guardian Signature: _____ **Date:** _____

Address: _____ **Telephone:** _____

