

Authorization for the Administration of Medication by ECA Personnel

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization; for the nurse (or in the absence of a nurse, a designated principal teacher) to administer medication. Medications must be in the original properly labeled container and dispensed by a physician or pharmacist.

Prescriber's Authorization

Name of student:		Date of birth:
Address:		City/town:
Condition for which drug is being administered:		
Drug name:	Dosage:	Route:
Time of administration:	Frequency, if PRN:	
Relevant side effects: <input type="checkbox"/> None expected <input type="checkbox"/> Specify:		
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		
Medication shall be administered from (full date to full date):		
Prescriber's name:		
Prescriber's telephone:		
Prescriber's address:		
Prescriber's signature:		

Parent/Guardian Authorization

"I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 45-day supply of medication. I understand 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. I grant permission for the school nurse to exchange information with this prescriber regarding the administration of this medication."

Parent/guardian signature: _____ Date: _____

Parent's home telephone: _____ Work telephone: _____

Self Administration of Medication Authorization

*Self administration of medication **may** be authorized by the prescriber and parent/guardian for **certain** medications and must be approved by the school nurse.*

Prescriber's authorization for self-administration Yes No _____
Signature Date

Parent authorization for self-administration Yes No _____
Signature Date

School nurse's authorization for self-administration Yes No _____
Signature Date