

COVENTRY PUBLIC SCHOOLS
Authorization for the Administration
Of Medicine by School Personnel
For Captain Nathan Hale Middle & Coventry High Schools

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 written authorization of a parent/guardian for a school nurse, or in the absence of the nurse, a designated principal or teacher to administer medication.

Note: medications must be brought to and from the school by a parent/guardian or other responsible adult. All medications must be in the original pharmacy or commercially labeled container.

Student's Name: _____ Date of Birth: _____

Address: _____ Town: _____

Condition for which Medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time of Administration: _____ Is this a controlled drug? NO YES

Relevant side effects: none expected yes (specify): _____

ALLERGIES: NO YES (specify): _____

Medication shall be administered from: _____ to _____
(month/day/year) (month/day/year)

Prescriber Signature: _____

Date: _____



SELF-CARRY & SELF ADMINISTRATION OF MEDICATION AUTHORIZATION

Note: self administration of medication may be authorized by the prescriber & parent/guardian and must be approved by the school nurse.

These include emergency medications only: Asthma Inhalers, Epinephrine & Benadryl for anaphylaxis, Insulin & glucose tabs/gel.

Other medications will be considered on an individual basis in consultation with the school nurse supervisor and medical advisor.

Prescriber 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)

PARENT/GUARDIAN AUTHORIZATION

I here by 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.

Parent/Guardian Signature: _____ Date: _____

Home phone#: _____ Work phone #: _____ Cell phone#: _____

**This medication will be sent on fieldtrips and given on early dismissal days unless otherwise specified.*