REGIONAL SCHOOL DISTRICT NO. 6
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Connecticut State Law requires a **written order from a physician** licensed to practice medicine in the State, as well as the **written authorization of the parent or guardian** of such child in order for a school nurse (or other properly trained personnel in the absence of the school nurse) to administer medicinal preparations / medications to any student.

All medication must be delivered to the school: 1) By an adult 2) In the original pharmaceutical container properly labeled with the child's name, name of the drug, strength and dosage, frequency of administration, physician's name and date of original prescription 3) Only a maximum 45-day supply is acceptable.

PHYSICIAN'S ORDER

Child's Name: _____ Date: _____

Address: _____ Date of Birth: _____

Condition for which drug is being administered during school hours: _____

_____

Name of Drug: _____ Time of administration: _____

_____ Self-administered in health room with supervision (i.e. Tylenol, cough syrup / drops)

_____ Self-administered (i.e. Inhaler)

_____ To be administered by school nurse (i.e. controlled medication)

Dates medication is to be administered: From: _____ to _____

Relevant side effects to be observed: _____

Is this a controlled drug? _____ Any allergies to food or medicine? _____

Physician's Name (please print): _____

Physician's Signature: _____ Date: _____

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