



# WOOSTER SCHOOL

## AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

*To be filled out by Physician, Dentist, APRN, or PA only*

Connecticut State Law and Regulations 10-212(a) requires 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 the nurse, a designated principal, teacher and/or coach to administer medication. Medications must be in the original properly labeled container and dispensed by a physician or pharmacist. This includes over the counter medications from home also.

### Prescriber's Authorization

Date of Order: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which drug is being administered: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Relevant side effects: Specify: \_\_\_\_\_ None expected: \_\_\_\_\_

If there are side effects, plan for management: \_\_\_\_\_

Is this a controlled drug? Yes / No      If yes, DEA number: \_\_\_\_\_

**ALLERGIES:** No / Yes (specify): \_\_\_\_\_

Medication shall be administered for: School Year or From: \_\_\_\_\_ to \_\_\_\_\_

Give medication on field trip? Yes / No

Give medication on half days? Yes / No

Prescriber's Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_



Prescriber's Stamp

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

### **SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with school policy.

Prescriber's 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: \_\_\_\_\_



## INFORMATION FOR PARENTS ON DISPENSING MEDICATION IN SCHOOL AND ON FIELD TRIPS

*In order for the School Nurse to dispense ANY medication to a student during school hours, or for your child to receive his/her medication on field trips, CONNECTICUT STATE LAW requires that our School Nurse receive a written order from a physician, dentist, PA or Aprn and written permission from the parent or guardian. Verbal orders cannot be accepted.* This permission is written on a separate form titled, Authorization for the Administration of Medicine By School Personnel.

1. The parent must obtain the written order from a licensed physician, licensed dentist, licensed PA or licensed Aprn, authorizing the School Nurse to give the medication. **A new order is required each year and for each medication.** The form called “Authorization for the Administration of Medicine by School Personnel” is to be used for each medication. These forms can be obtained on our website. The doctor’s order form must be completed and signed by the doctor as well as the parent. Advil or Tylenol can be given at school and on field trips without a doctor’s order, providing the parent has checked those two boxes on the Emergency Consent and Information Form due at the beginning of the school year.
2. Medicine must be in a pharmacy-labeled container, clearly marked with the student’s name, the physician’s name, the prescription number and date it was ordered, as well as the name, and the strength of the medication, and directions for administering it. For field trips the same applies. Medicine will not be accepted loose in a baggie, even though it is labeled. If you forget the doctor’s order and bring the medicine on the day of the field trip, **we will not be able to accept the medication without the doctor’s order accompanying it** and the student may be prevented from enjoying the field trip. The same is true for over-the-counter medication, which by law, must have a doctor’s order for it to be given at school. This includes cough medicine, allergy medicine, or cold medicine. So the same applies to field trips, no over the counter medicines shall be administered without a written doctor’s order.
3. Medications **must** be delivered to the Health Center (or for a class trip, to the teacher) by an adult.
4. Wooster School does not permit students of any age to self carry medications other than inhalers and Epi-pens. Epi-pens are carried by students needing them, in grades 9-12. It is expected that Upper School students who need Epi-pens for anaphylactic reactions, will carry their own Epi-pens on field trips. A doctor’s order is required for Middle and Upper School students to self-administer an inhaler at school.
5. Please ask your pharmacist to split the prescription, if a dose is needed at school. One would be for home and one for school. Medications may include oral, eye, ear or topical preparations.
6. Any medications not picked up by the end of the school year will be disposed of by the School Nurse.
7. A medical authorization is not necessary if a parent administers the medication in school. However, the medication must be dispensed only in the Health Center.

We appreciate your compliance and cooperation is helping to keep our student’s safe.