

Canton Public Schools Health Services
Authorization For The Administration of Medication

Connecticut State Law requires a written order of a physician licensed to practice medicine in this state and the written authorization of a parent or guardian of such child for a school nurse, or in the absence of such nurse, the principal or teacher to administer medicinal preparations to any student. **Medication must be in pharmacy prepared containers and labeled with the name of child, name of drug, strength, dosage, frequency, physician's name and date of original prescription. A maximum 45 day supply should be brought to the school by the parent/guardian.**

Physician's Order

Name of Child _____ Date _____

Address _____ Date of Birth _____

Condition for which drug is being administered during school hours

Drug: Name, dose and method of administration

Time of administration

- _____ self administered in health room with supervision (i.e. Tylenol, cough syrup)
- _____ self administered (i.e. inhaler)
- _____ To be administered by school personnel (i.e. controlled medication)

Medication shall be administered from _____ to _____

Relevant side effects to be observed _____

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

Physician's Name _____ Signature _____
(type or print)

Authorization of a Parent or Guardian concerning the Administration of Medication

Name of School _____ Date _____

I hereby request the above medication to be given to _____ Grade _____
(Name of Child)

I understand that the above medication will be destroyed one week after termination of this order if it is not picked up by the parent/guardian. **STUDENTS MAY NOT CARRY MEDICATION TO SCHOOL, IT MUST BE TRANSPORTED BY THE PARENT/GUARDIAN WITH STUDENTS IN GRADES K-6.**

Parent/Guardian Signature _____ Telephone # _____