

**ENFIELD PUBLIC SCHOOLS**  
Enfield, CT

**AUTHORIZATION OF A PARENT/GUARDIAN FOR MEDICATION TO BE GIVEN AT SCHOOL**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

I hereby request the medication for my child as ordered below by the authorized prescriber be given as checked in (a) or (b):

\_\_\_\_\_ (a) be administered by school personnel

\_\_\_\_\_ (b) be self-administered by the student in the presence of the nurse, principal or teacher

I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber and will provide no more than a 3 month supply of said medication. I understand this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school. I understand my signature also gives consent for communication between the nurse and the prescriber to ensure safe administration of the medication.

SPECIAL INSTRUCTIONS: Please check all that apply:

1. Late arrival: \_\_\_\_\_ give on arrival \_\_\_\_\_ omit dose(s)

2. Field trips: \_\_\_\_\_ give as usual \_\_\_\_\_ omit dose(s)

3. Early closing: \_\_\_\_\_ give as usual \_\_\_\_\_ omit dose(s)

Parent/Guardian Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**AUTHORIZED PRESCRIBER'S ORDER (TO BE COMPLETED BY PRESCRIBER ONLY)\***

*\*Please note: order will not be accepted if filled out by parent/guardian*

The Connecticut State Law, Section 10-212a of the Connecticut General Statutes, State Department of Health, PHN Division, requires a written order of an authorized prescriber (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist) 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 any teacher to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of child, name of drug, strength, dosage, frequency, physician's or dentist's name, and date of original prescription. Over the counter medications must be in the original sealed container. All medications must be brought in and picked up by a legally responsible adult.

Condition for which this drug is being administered during school hours: \_\_\_\_\_

Medication Brand Name \_\_\_\_\_ Generic Name \_\_\_\_\_

Controlled Drug? (circle one) YES NO

Dosage \_\_\_\_\_ Method/Route of administration \_\_\_\_\_

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

Specific Instructions for medication administration \_\_\_\_\_

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_ (orders are valid for a 12 month period)

Relevant side effects of medication \_\_\_\_\_ None Expected \_\_\_\_\_

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of management for side effects \_\_\_\_\_

Permission to give in school if failed to receive dose at home: (circle one) YES NO Dosage: \_\_\_\_\_

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

Prescriber's Printed Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

A Medication Authorization Form\* is required **each** time any medication is to be administered in school for **each medication**.

This form is **required** by the **State of Connecticut and the Enfield Board of Education**, should your child require medication..

The Form: **must** be signed by the authorized prescriber who orders the medication. Authorized prescriber means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist. Optometrists, advanced practice registered nurses, physician assistants and podiatrists must be licensed in Connecticut.

**must** be signed by the parent.

The Medication: Enfield Board of Education policy and CT state law requires that medication **must** be brought in by a parent or other responsible adult (over the age of 18) and given directly to the nurse. This person must remain to count the medication and to sign a form that verifies the amount.

**Must** be in a pharmacy bottle, properly labeled if it is a prescription and contain no more than a 3 month supply

Samples **must** be labeled by the authorized prescriber who orders the medication.

If it is an over the counter medication\*\*, (i.e., Tylenol, Tums, Advil or Motrin etc.), the medication **must** be brought in the original unopened container.

Any medication remaining **must** be picked up by a parent or other responsible adult by the last day of school or within one week when a medication is discontinued.

Students are permitted to carry on their person and self medicate with asthma inhalers and epi-pens provided the appropriate medication authorization forms are on file in the nurse's office.

Students may self administer insulin through injection or insulin pump provided the appropriate medication authorization forms are on file in the nurse's office.

\*Forms are available in the health room and online at [www.enfieldschools.org/healthservices](http://www.enfieldschools.org/healthservices)

\*\* Cough drops may be kept and used in the health office with a note from the parent/guardian

\*\*\* Bug repellent & sunscreen may be brought in for field day if labeled with the student's name and a note from the parent/guardian.