

Andover Elementary School
35 School Road
Andover, CT 06232
(860) 742-7339
Fax (860) 742-8288

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL
PUBLIC ACT NO. 723 OF 1969**

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent/guardian's authorization for a nurse to administer medicinal preparations exclusive of hallucinogens or narcotics or, in her absence, the principal, teacher, or LPN to administer oral medications.

PHYSICIAN'S ORDER

Name of child _____ Date _____

Address _____ DOB _____

Condition for which drug is being administered _____

Name of Medication _____

Amount of Medication _____

Time to be administered _____

Relevant side effects, if any _____

Plan for management, if any side effects noted _____

Is this a controlled drug? _____ If yes, DEA number: _____

Length of time during which medication shall be administered:

From _____ to _____ (dates)

Signature _____ M.D. _____
Address _____

Telephone _____

Physician's printed name

**AUTHORIZATION OF PARENT/GUARDIAN CONCERNING THE ADMINISTRATION OF
ABOVE MEDICINES BY SCHOOL PERSONNEL**

Date: _____

I hereby request that school personnel give my child _____

The medication ordered above by his physician/dentist.

I hereby give permission to school personnel to destroy the above medication if not picked up by me within one week of a request to do so.

Signature of parent/guardian _____ **Street Address** _____

Town or city _____ Telephone _____
