

**Odyssey Community School
Authorization for the Administration of Medications by School Personnel
2018-2019 School Year**

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian authorization for a nurse to administer medications or, in her/his absence, the director or teacher to administer medications. Medications must be in their original pharmacy-prepared containers and labeled with the name of the child, name of drug, strength, dosage, frequency, physician or dentist's name and original prescription.

Physician or Dentist's Order

Name of Student _____ Date _____
Address _____ Date of Birth _____

Condition for which the medication is being administered during school hours

Drug: Name, dose and method of administration

Time of administration _____

Medication shall be administered from _____ to _____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management

Is this a controlled drug? No _____ Yes _____ If yes, DEA Number _____

Physician's / Dentist's Name _____ Phone Number _____
Address _____

Physician's / Dentist's Signature _____ Date _____

Nurse/Director/Teacher _____ Date _____

Authorization by Parent/Guardian for the administration of the above medication by school personnel:

I hereby request that the above medication, ordered by the physician/dentist for my child _____, be administered by school personnel. I understand that I must supply the school with the prescribed medication in the original container, dispensed and properly labeled by a physician or pharmacist and will provide no more than a 45 school day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the close of school.

Parent/Guardian printed name _____
Signature _____ Date _____
Address _____ Telephone _____