

PUTNAM PUBLIC SCHOOLS
MEDICATION ADMINISTRATION BY SCHOOL PERSONNEL

The Connecticut State Law and Regulations require a physician's, or authorized prescriber's written order and parent or guardian's authorization for a nurse to administer medications or in her absence the program administrator or teacher to administer medications during school hours. Medications must be in pharmacy prepared containers and labeled with the name of the student, name of drug, strength, dosage, frequency and authorized prescriber's name.

PHYSICIAN'S OR DENTIST'S ORDER

Name of Student _____ Date of Birth _____

Condition for which drug is being administered _____

Drug: generic name, dose and method of administration _____

Time of administration in school _____

Medication shall be administered from _____ (date) to _____

The student may self administer if school criteria is met () Yes () No

Relevant side effects; plan for management in event of reaction _____

In the event an a.m. dose (if prescribed) is missed can this be administered at school upon the direction of parent/guardian () Yes () No

Physician's/Dentist's Name _____ Telephone _____

Address _____

Physician's or Dentist's Signature _____ Date _____

Is this a controlled drug? _____ If yes, DEA Number _____

AUTHORIZATION BY PARENT/ GUARDIAN for the above medication during school hours:

To School Personnel: I understand communication with my health care provider may be necessary regarding my child's medication order only.

I hereby request that the above medication ordered for my child be administered by school personnel.

On early release days I wish my child to receive prescribed midday dose of medication () Yes () No

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 day supply of said medication. This includes all OTC medications such as Tylenol, or Ibuprofen.

I understand that 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.

Name _____ Date _____

Signature _____ Relationship to Student _____