



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

Authorization for the Administration of Medications

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

PHYSICIAN OR DENTIST'S ORDER

Child's Name: _____ Date: ___/___/___

Address: _____ DOB: ___/___/___

Condition for which drug 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? Yes _____ No _____

Any allergies to food or drugs? Yes _____ No _____ If YES, please list: _____

Doctor's Name: (please print) _____ Phone: (____) _____

Address: _____

Doctor's Signature: _____

AUTHORIZATION BY PARENT/GUARDIAN for the administration of the above medication:

To Physician, Nurse, Director, or Teacher:

I hereby request that the Physician, Nurse, Director, or Teacher administrate the above medication, ordered by the physician/dentist for my child _____. 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. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order.

Name: (please print) _____ Date: ___/___/___

Signature: _____ Relationship to child: _____

Address: _____ Phone: (____) _____

