

Farmington Public Schools
Administration of Medication Consent Form

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY THE SCHOOL NURSE OR OTHERS
AUTHORIZED TO ADMINISTER MEDICATIONS UNDER BOARD OF EDUCATION POLICY

Connecticut State Law and Regulations require a licensed physician, dentist, optometrist, Ct. licensed APRN or Ct licensed Physician's Assistant's written order and parent or guardian's authorization for medication to be administered in school. In compliance with State law, the Farmington Board of Education's Medication policy is summarized on the reverse side of this form. Please review the requirements and completely fill in the following information:

Today's Date: _____

Name of Child: _____ Date of Birth: _____

Medication Name: _____ Generic Medication Name: _____

Controlled Drug: () Yes () No

If controlled drug DEA number _____

Condition for which medicine is required: _____

Administer from: _____ to _____ Time of Administration: _____ Dosage _____

Method: _____ Relevant Side Effects _____ Plan for side effects _____

Physician/PA/APRN/Dentist/Optomtrist

Signature _____ Date _____

Please print name _____ Phone _____

Can student self carry this medication? () yes () no

Can student self administer medication? () yes () no

Known Food or Drug Allergies ? () yes () no

If YES please explain _____

Should medication be administered on field trips? () yes () no

Authorization by Parent/Guardian for the administration of the above medication

To School Personnel: I hereby request that the above medication, ordered by the Physician/Optomtrist/Dentist/APRN/PA for my child _____, be administered by the school nurse or others that are medication administration trained and allowed to administer by Bd. Of Education policy, or self-administered () and self carried under responsibility of the student (). I understand that I am authorizing permission for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication. I understand that I must supply the school with the prescribed medication in the original prescriptive container dispensed and properly labeled by a pharmacist and will provide no more than a 3 month or 60 day school day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the medication order or one week beyond the close of school.

Parent/Guardian signature _____ Date _____

Prescription and Non-Prescription

In compliance with the Connecticut State Law and Regulations of the State Department of Education Section 10-212a-1, the Farmington Board of Education requires an authorized prescriber (physician, dentist, optometrist, advanced practice registered nurse or physician assistant) to provide written authorization for a nurse or other authorized staff member to administer medication in school. Medication must be in a pharmacy prepared container, or the original container if a non-prescriptive drug, and brought to school by the parent/guardian. It must be labeled with the name of the child, the name of the drug (brand name and generic name), the strength, dosage and frequency, along with the authorized prescriber's name.

The form on the reverse side of the policy must be completed by an authorized prescriber ordering the medicine and by the parent/guardian. Written permission from the parent for the exchange of information between the prescriber and the school nurse is necessary to ensure the safe administration of such medication.

Please ask the pharmacist for a school container as well as a container for home when a prescription is taken to the pharmacy. The pharmacist will supply a second container for administration of medicine in school. Any prescription medication received in a non-pharmaceutical container will not be administered. No more than a 3 month supply of a medication for a student can be stored at school.

Please remember that all medication must be brought to school by the parent/guardian and delivered to the school nurse or other authorized medication administration trained individual. The medication must be picked up by a parent within one week of discontinuation of the medication and/or one week after the close of school for the school year or the medication will be discarded in accordance with Board of Education policy and State guidelines.

The Farmington Board of Education permits those students deemed capable to self administer non-prescription and/or prescribed emergency medication, including rescue asthma inhalers and automatic prefilled cartridge injectors such as epi-pens for medically-diagnosed allergies, and will permit such students to self-administer other medications, *excluding* controlled drugs as defined in Section 10-212a-1 of the Regulations of Connecticut State Agencies, provided: (a) an authorized prescriber provides a written medication order for self-administration; (b) a parent/guardian or eligible student over the age of 18, provides written authorization for self-administration of medications; (c) a school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate.