

Avon Public Schools
Administration of Medicine Consent Form
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY THE SCHOOL NURSE OR
EMPLOYEE AUTHORIZED TO ADMINISTER MEDICATIONS UNDER THE BOARD OF EDUCATION
POLICY IN THE ABSENCE OF A SCHOOL NURSE

The Connecticut State Law and Regulations requires an authorized prescriber (physician, dentist, optometrist, podiatrist, advanced practice registered nurse or physician assistant) written order and parent or guardian's authorization for a nurse or an employee (authorized to administer medication under the Board of Education policy) to administer medication in school. In compliance with state law, the Avon Board of Education's Medication policy is summarized on the reverse side of this form. Please review the requirements and fill in the following information:

Today's Date: _____

Name of Child: _____ Date of Birth: _____

1. Medication Name: _____ Generic Medication Name: _____

Controlled Drug: () Yes () No

Condition for which medicine is required: _____

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

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

Physician/Dentist/ Optometrist /Advanced Practice Registered Nurse / Physician Assistant/Podiatrist

Signature _____ Date _____

Please print name _____ Phone _____

Can Student Self administer non controlled medication? () Yes () No

Can Student Self carry non controlled medication? () Yes () No

Should medication be administered on field trips? () Yes () No

Known Food or Drug Allergies? () Yes () No If yes please explain _____

Comments: _____

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

To School Personnel: I hereby request that the above medication that has been ordered by an authorized prescriber (Physician, Dentist, Podiatrist, Optometrist, APRN, PA) for my child _____, be administered by the school nurse or employees that are medication administration trained and allowed to administer medication in the absence of a school nurse by Board of Education.

I agree with the authorized prescriber (above) that my child may: () Yes () No self-administer non controlled medication

() Yes () No carry non controlled medication
and the medication will remain under the
responsibility of my child.

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 container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 3 month 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 order or one week beyond the close of school.

Name: (print) _____ Signature: _____

Relationship to child: _____ Telephone: _____

Address: _____ Date: _____

Avon Medication Policy

Prescription and Non-Prescription

In compliance with the Connecticut State Law and Regulations of the State Department of Education Section 10-212a-1, the Avon Board of Education requires an authorized prescriber (physician, dentist, optometrist, advanced practice registered nurse or physician assistant) 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 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 medication received in a non-pharmaceutical container will not be administered. No more than a 3 month supply of a medication for a student will be stored at the school.

Please remember that all medication must be brought to school by the parent/guardian and delivered only to the school nurse or in absence of the nurse, other qualified personnel (principal or certified teacher) trained in medication administration and assigned to the school. It must be picked up in the same manner; otherwise, it will be discarded.

The Board of Education will permit 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 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.