

**Odyssey Community School  
Authorization for the Administration of Medications by School Personnel  
2020-2021 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 \_\_\_\_\_  
Nurses/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 \_\_\_\_\_