

KENT STATION PHARMACY SCHOOL FORMS

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Medication Order and Administration Authorization

To submit this form electronically, please download the PDF to your computer and open in Adobe Acrobat Reader.

Adobe Acrobat Reader is a free PDF reader that can be downloaded here: <https://get.adobe.com/reader/>

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber and parent/guardian written authorization for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist. **NOTE: Not all schools require this form. Please check with your school before completing.**

Parents/Guardians: please have the prescribing physician complete and sign this form, then sign and date where indicated. Use additional forms if necessary.

Student's Name:

Date of Birth (DD/MM/YYYY):

School Attending:

Allergies:

Medication Name	Dosage	Route	Administration Dates To/From		Brand or Generic	Known Side Effects

Prescriber's Signature:

Date:

Prescriber's Name/Title (type, print or stamp):

Prescriber's Address:

Prescriber's Phone:

Prescriber's Fax:

PARENT/GUARDIAN AUTHORIZATION: I hereby authorize that the above ordered medication be administered by school personnel and I give permission for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of this medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature:

Date:

REMEMBER: It is critical to forward us a copy of both sides of the insurance card of the parent/guardian and the patient. We are always available to answer any questions you may have at (860) 927-3725.