

Windsor Locks Public Schools

Windsor Locks High School

Ph :(860) 292-5729

Fax (860) 292-5779

Windsor Locks Middle School

Ph :(860) 292-5016

Fax (860) 292-5017

South St. School

Ph :(860) 292-5023

Fax (860) 292-5026

North St. School

Ph :(860) 292-5029

Fax (860) 292-8191

Health Offices

Authorization for the Administration of Medicines by School Personnel

The Connecticut State Law and Regulations require a written order from a physician/dentist, Advanced Practice Registered Nurse or Physician Assistant and parents/guardian's authorization for a nurse to administer medicinal preparations or in his/her absence the principal (director) or teacher to administer oral, topical or inhalant medications.

Prescriber's Order

Name of Child _____ Date: _____

Address _____ Date of Birth _____

Condition for which drug is being administered: _____

Name of Drug _____ Amount of Drug _____

Time of Administration: _____

Reason why the drug must be administered in school: _____

Relevant side effects to be observed, if any: _____

Other suggestions: _____

Length of time during which medication will be administered: From _____ To _____ (Dates)

DEA Number _____

Signature _____ Title _____ Date _____

PRINT Name or Provider: _____ Town: _____

Authorization of a Parent or Guardian Concerning the Administration of Above Medicine by School Personnel

School: _____ Date: _____

I hereby request that school personnel give my child _____ (name) the medication ordered by his/her prescribing medical person. I give my consent for the school nurse to discuss with the above care provider the above medication and the condition for which it is being administered.

SIGNATURE _____ Telephone _____

Address: _____ Town: _____

Reminders: Medication must be delivered to school by parent/guardian or responsible adult. Do not send more than 90-day supplies. Excess medication must be picked up or it will be destroyed.