



THE TAFT SCHOOL

Martin Health Center
110 Woodbury Rd.
Watertown, CT 06795

Phone 860-945-7762
Fax 860-945-7766

AUTHORIZATION FROM PHYSICIAN/DENTIST FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL:

The Connecticut State Law and Regulations require a physician's or dentist's written order for a nurse to administer medications. Medications must be in pharmacy-prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name, and date of original prescription.

PHYSICIAN'S OR DENTIST'S ORDER:

Name of Child _____ Date _____

Address _____ Date of Birth _____

Allergies to medications _____

Diagnosis:

DRUG: Name, dose, and method of administration _____

Time of administration _____

Medication shall be administered from _____ (date) to _____ (date)

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____

Physician's or Dentist's Name _____
(type or print)

Address _____

Telephone # _____ Fax # _____

Physician's or Dentist's Signature _____

AUTHORIZATION FROM PARENT/GUARDIAN For the administration of above medication by school personnel:

Date _____

To School Personnel:

I hereby request that school personnel administer the above medicine, ordered by the physician/dentist for my child. I understand that I must supply the school with the prescribed medication in the original container dispensed and supply of said medicine. I further 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 _____

Address _____

Relationship to child _____ Phone # _____