Central Christian Academy

Southington, Connecticut

MDI Self-Administration Authorization

Connecticut State Law requires a written order from an authorized prescriber (*MD, DDS, OD, DO, PA, APRN*) and parent/legal guardian/eligible student (18 years old or emancipated minor) authorization for both prescription and non-prescription medications. The medication must be stored in the **original labeled container** as dispensed from the pharmacy. **Please instruct the pharmacist to label the inhaler itself, as well as the packaging.**

Authorized Prescriber Authorization

Name of Student:_____ DOB:_____ Grade: _____

Trade Name of Medication: _____ Generic Name: _____

Dosage:_____ Route of Medication:_____ Frequency/Time in School: _____

Possible Side Effects and Management:_____

Dates to be Administered: From: _____ To: _____

Known Allergies:_____ Reason for Medication: _____

Special Instructions: _____

Prescriber's authorization for self-administration: { Yes { No **(If yes, prescriber training is required.)**

Student has been trained in self-administration of this medication in prescriber's office: □ Yes □ No

Signature: _____ (Physician/Authorized Prescriber)

Address: _____ Phone: _____ Date: _____

Parent/Legal Guardian or Eligible Student Authorization

I hereby give permission for my child to carry and self-administer the medication ordered above by his or her authorized prescriber. I understand that this medication will be in my child's possession during the school day and my child will be responsible for using it appropriately per the doctor's orders and under the direction of the school nurse. Any misuse of this medication will result in disciplinary consequences following Central Christian Academy policy and procedure.

I give permission for the release and exchange of information between the school nurse and authorized prescriber necessary to ensure the safe administration of such medication.

Signature of Parent/Legal Guardian/Eligible Student: _____ Date: _____

Home Phone: _____ Cell Phone: _____

****

School Nurse Authorization

Self-administration of medication is authorized by the authorized prescriber and parent/legal guardian/eligible student and approved by the school nurse in accordance with Central Christian Academy policy/procedure.

School Nurse approval for self-administration: **{ Yes { No** _____

RN Signature: _____ Date: _____

Rev.MB11/01, 11/07, 11/09, 12/10