

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS
Health Services Department
Bridgeport Public Schools

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required **prior** to school personnel providing or administering medication to a child in school. By signing on the back of this form, you acknowledge the following:

- The school has a statement from the licensed prescriber which includes (1) the student's name, (2) then name of the medication with dosage, frequency, and time of administration, (3) the date of the order (4) the date of discontinuation.
- Medications are to be presented in their original container with the prescription label intact. Most pharmacists will provide two containers; one labeled for school, the other for home use. Medications in bags or any other form of "home packaging" will not be accepted, due to safety considerations.
- The parent/guardian shall provide **written authorization** for school personnel to administer any medication during school hours. Authorization forms for medication administration may be obtained from the school nurse or school secretary.
- Parent/guardian authorization and/or prescriber's statement is renewed annually. Changes in medication administration need to be accompanied with NEW authorization forms signed by the parent/guardian and licensed prescriber.
- Unused, discontinued, or outdated medications are returned to the parent/guardian. In the event medications are not collected by the parent/guardian at the end of the present school year, they shall be destroyed by the school nurse in accordance to state laws.
- Over-the-counter medications may be given in accordance with guidelines above for prescription medications under the written authorization of a parent/guardian.
- Acetaminophen/Tylenol (adult and children strength) is available from the school nurse. Parents/guardians must sign medication authorization forms for administration by the school personnel.
- If needed, the prescribing physician may be contacted by the school nurse for clarification on medication administration.
- Your child's medication may be given by an unlicensed health paraeducator, or by a nurse, or by other school health personnel deemed competent through training or supervision by the Registered School Nurse to provide medication as called for in BPS Medication Administration Guidelines.
- Parents/guardians are encouraged to provide two weeks' supply of medication.

**MEDICATION AUTHORIZATION FORM:
MUST BE COMPLETED PRIOR TO MEDICATIONS BEING GIVEN AT SCHOOL**

I give permission to the Bridgeport Public Schools to provide

_____ *Name of Medication*

to _____ at _____
Child's Name *Approximate Time*

as directed for _____
Reason for Medication

Date Medication administration begins: _____

Date Medication administration ends: _____

Special instructions for administration: _____

Storage requirements or other conditions: _____



Signature of Parent/Guardian *Date*

Signature of Licensed Prescriber *Date*

CONTACT INFORMATION FOR PARENT/GUARDIAN:

NAME(S) PHONE NUMBER

CONTACT INFORMATION FOR PHYSICIAN/LICENSED PRESCRIBER:

NAME(S) PHONE NUMBER