

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY RECREATION PERSONNEL

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) 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.

**PRESCRIBER'S AUTHORIZATION FORM
WATERBURY AFTER SCHOOL and SUMMER PROGRAM
WATERBURY DEPARTMENT OF PUBLIC HEALTH and RECREATION DEPARTMENT**

RECREATION CENTER _____ **GRADE** _____

SECTION 1) STUDENT'S INFORMATION

Student Name:	_____	Date of Birth:	_____
Student's Address:	_____		
Condition for which Drug is being Administered:	_____		
Name of Drug :	_____	Dose:	_____
		Route:	_____
Time of Administration:	_____	If PRN, Frequency:	_____
Relevant Side Effects:	<input type="checkbox"/> None Expected <input type="checkbox"/> Specify: _____		
ALLERGIES:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Describe Allergies) _____		
Date/s Medication Shall Be Administered :	_____	to	_____

SECTION 2) PRESCRIBER'S INFORMATION

Prescriber's Name and Title (Type or Print)	_____		
Prescribers Telephone	_____	Prescriber's Fax	_____
Prescriber's Street Address	_____		
Prescriber's City, State, Zip Code	_____		
Prescriber's Signature	_____	Date	_____
USE THIS SPACE FOR PRESCRIBER'S STAMP			

SECTION 3) PARENT /GUARDIAN'S AUTHORIZATION

<ul style="list-style-type: none">• I hereby request that the above ordered medication be administered by recreational personnel.• I understand that I must supply the Recreational Center with no more than a 45-day supply of medication.• I understand that this medication will be destroyed:<ul style="list-style-type: none">◦ IF not picked up within one week following termination of the prescribed order◦ OR the last day of the program, whichever comes first.			
Parent / Guardian's Signature	_____	Date	_____
Parent / Guardian's Home Phone Number	_____	Parent/Guardian's Work Phone Number	_____
		Parent/Guardian's Cell Phone Number	_____

DATE: _____ SUPERVISOR OF RECREATION: _____