

# LISBON CENTRAL SCHOOL HEALTH OFFICE

## Authorization for LISBON SCHOOL Supplied Medications

Connecticut State Law requires an authorized prescriber's written order and parent/guardian's authorization for a school nurse or in the absence of the school nurse, the principal/teacher to administer medication in school or at school sponsored activities. Acetaminophen, Ibuprofen and Tums will be provided by the Nurse's office for those students with appropriately completed and updated medication orders.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year: \_\_\_\_\_

Medication Allergy: \_\_\_\_\_

Medications shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Over-the-Counter Medications	Condition/Symptoms	Dosage and Time	Possible Side Effects	Comments
Acetaminophen	Fever, minor aches and pains			
Ibuprofen	Fever, minor aches and pains			
Tums	Upset Stomach, sour stomach, heartburn, indigestion			

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization of the Parent/Guardian for the Administration of Medications

I hereby request that the above authorized prescribed medications be administered to my child,  
 \_\_\_\_\_

I understand that Lisbon Central School is not a health care facility. I therefore agree not to sue or otherwise seek to hold Lisbon Central School or any of its employees liable for any adverse reactions or other medical problems that may be experienced by the student as a result of the medications authorized by me here.

I provide permission for the school nurse and prescriber to exchange information to ensure safe administration of the above prescribed medications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Medication Orders Are Renewed Yearly.**